

S. No. 300
v. 10.48

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11694

State File No.

1070

BIRTH NO. 956 REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 4521 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>HOUSTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HOUSTON</u>	
c. LENGTH OF STAY (in this place) <u>2 MO</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>ARCHIE</u>	c. (Last) <u>DITTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-50</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6/16/1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during the major part of working life, or if retired) <u>Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>NELSON DITTON</u>	13b. MOTHER'S MAIDEN NAME <u>UNK NO WVN</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET DITTON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-05-4320</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Roderick Upton, Mo</u>	ADDRESS <u>Upton, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardio-Respiratory failure C Cardiac Insufficiency</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive Degenerative & decompensated valv. H. Disease</u>	<u>443X</u>
DUE TO (c) <u>Rheumatic fever</u>		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Large Ventral Hernia</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 10, 1950, to Mar 20, 1950, that I last saw the deceased alive on Mar 20, 1950, and that death occurred at 5:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Burns, M.D.</u>	23b. ADDRESS <u>Houston Mo</u>	23c. DATE SIGNED <u>3/21/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3/21/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Wood</u>	24d. LOCATION (City, town, or county) (State) <u>MILAN MO</u>
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DATE REC'D BY LOCAL REG. <u>March 25, 50</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	327	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayford V. Elliott</u>	ADDRESS <u>Houston, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-28-50
Ingram Co. H.U.

APR 3 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank E. Wood

Licensed Embalmer No.

4026

P. O. Address

Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.