No. 300
10-48

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16290

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salem
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salem 0551
d. STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) a. (First) Jonathan b. (Middle) William c. (Last) Chitwood

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1950

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Sept 15, 1871
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andy Chitwood
13b. MOTHER'S MAIDEN NAME Alta Davis
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hippocrat Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 442 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) ✓ (COUNTY) ✓ (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* May 15, 1950, *to* May 18, 1950, *that I last saw the deceased alive on* May 18, 1950, *and that death occurred at* 4:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. G. Dillon MD
23b. ADDRESS Salem Mo
23c. DATE SIGNED 5-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 5/22/50
24c. NAME OF CEMETERY OR CREMATORY Chitwood Cem
24d. LOCATION (City, town, or county) (State) Reynolds Co. Missouri

DATE REC'D BY LOCAL REG. 5-22-50
REGISTRAR'S SIGNATURE M. M. Hart M.D. 83
25. FUNERAL DIRECTOR'S SIGNATURE Carl K. Spence ADDRESS Salem, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-27-50
District Health Officer No. 5
District File Number 550323
Date Filed 5-31-50

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 Wm. W. McDana

Licensed Embalmer No. 3806

P. O. Address Salem, M

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.