

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19451

FILED JUN 18 1951

State File No.
Registrar's No.

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 State File No.
Registrar's No. 626

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1109 N.19th Street		d. STREET ADDRESS (If rural, give location) 3246 Chesnut Street	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Offutt c. (Last) Chittenden		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1951.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 16, 1864
9. AGE (In years last birthday) 87		10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) White Cloud, Kansas.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Offutt	
13b. MOTHER'S MAIDEN NAME Lavina Jane Dorland		14. NAME OF HUSBAND OR WIFE Charles M. Chittenden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter D. Ladd ADDRESS St. Joseph, Missouri.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion 1 day ANTECEDENT CAUSES General Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Woman died suddenly while visiting at the home of her daughter in St. Joseph, Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION She has not been seriously ill or disabled recently.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased on 6/8 , 19 51 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE H. F. Mendenhall, M.D., Coroner (Degree or title)		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 6/8/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 9, 1951.		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	
24d. LOCATION (City, town, or county) (State) Savannah, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Walter Neierhoffer ADDRESS St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. June 12, 1951		REGISTRAR'S SIGNATURE Carl E. Casup	

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

Raymond H. Merkle

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.