

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36813

State File No. ....

FILED DEC 15 1951

BIRTH NO. 60299-57 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 83

331  
0

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dent</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u> |  | c. LENGTH OF STAY (in this place) <u>30 min</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>                                |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>  |  |
|   |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |

|                                     |                           |                          |                           |  |
|-------------------------------------|---------------------------|--------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Darlene</u> | b. (Middle) <u>Marie</u> | c. (Last) <u>Chitwood</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12/2/51</u> |
|-------------------------------------|---------------------------|--------------------------|---------------------------|--|

|                 |                           |   |                                |  |  |   |
|-----------------|---------------------------|---|--------------------------------|--|--|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>9/7/51</u> | 9. AGE (In years last birthday) <u>2</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|--------------------------------|--|--|---|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</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.</u> |
|---|---|---|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>James Chitwood</u> | 13b. MOTHER'S MAIDEN NAME <u>Carlene Sewell</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
|--|---|---|

|  |                                     |  |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James Chitwood, Salem, Mo</u> ADDRESS |
|--|-------------------------------------|--|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, 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>Double Lobar Pneumonia</u>  |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
|--|--|---|

|  |   |                            |
|--|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from 12/2/51, 1951, to 12/2/51, 1951, that I last saw the deceased alive on Never saw alive and that death occurred at 9:00 p.m., from the causes and on the date stated above.

|   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Type or Print) <u>Wm. W. McLaughlin</u> | 23b. ADDRESS <u>Salem, Missouri</u> | 23c. DATE SIGNED <u>12/3/51</u> |
|---|-------------------------------------|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/4/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Forest Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u> |
|---|--------------------------|---|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>12/3/51</u> | REGISTRAR'S SIGNATURE <u>M. M. Hart</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Speer</u> ADDRESS <u>Salem, Missouri</u> |
|---|---|--|

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 8 1951

RECEIVED

**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. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.