

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Filed
March 24, 1952

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 11-1952

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: real place before adjustment). a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Mo. #2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, 0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>ATE-2 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> b. (Middle) <u>Bluford</u> c. (Last) <u>Hittrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>6-4-1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>PENSIONER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.A.</u>		11. BIRTHPLACE (State or foreign country) <u>Miller County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jim Hittrell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hittrell</u>		14. NAME OF HUSBAND OR WIFE	
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>Haman Hittrell, Cuba, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>20 years</u> <u>10 years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar 1, 1952 to Mar 11, 1952, that I last saw the deceased alive on Mar 11, 1952, and that death occurred at 5:18 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. A. Uden, M.D.</u>		23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>3-12-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ninder Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3/12/52</u>		REGISTRAR'S SIGNATURE <u>Paul G. Shaulkin 372</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul G. Shaulkin, Cuba, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Paul A. Frank

Licensed Embalmer No. *9472*

P. O. Address *Cuba, Md.*

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.