

FILED MAY 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17475

No. 300
10.48

872
0

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

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 93			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Crawford					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TOLLER		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba		1250			
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hosp				d. STREET ADDRESS (If rural, give location) TRS 2 /					
3. NAME OF DECEASED (Type or Print) a. (First) HANAN b. (Middle) ELLEN c. (Last) KITTRELL			4. DATE OF DEATH (Month) (Day) (Year) 5-20-1952						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH 4-4-1875			
9. AGE (In years last birthday) 77		10. MONTHS 1		11. DAYS 16		IF UNDER 12 mos. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O. Q. Penman			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miller County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Kittrell			13b. MOTHER'S MAIDEN NAME Sarah Kittrell			14. NAME OF HUSBAND OR WIFE Rosetta Littell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-149202		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosetta Littell, TRS 2, Cuba, Mo.					
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) Shock due to Head and Chest Injuries and Compound fracture of left leg. ANTECEDENT CAUSES DUE TO (b) Struck by Automobile. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8124 25						INTERVAL BETWEEN ONSET AND DEATH 3Hr. 40Min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Accident (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Highway Hwy 45 N. E. of Phelps		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crawford Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) (Sec) May 20 1952 11:15 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by Automobile					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>DEAD</u> on <u>5-20</u> , 19 <u>52</u> , and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) S. L. Mullen, Coroner Phelps County, Mo.				23b. ADDRESS TOLLER, Mo.		23c. DATE SIGNED 5/22/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-23-52		24c. NAME OF CEMETERY OR CREMATORY Under Cemetery		24d. LOCATION (City, town, or county) (State) Cuba, Mo.			
DATE REC'D BY LOCAL REG. May 22, 1952		REGISTRAR'S SIGNATURE Nadine Lostoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul A. Shanker, Cuba, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1952

County File Number _____
Date Filed 5-28-52

SEP 27 8 27 AM '52

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. Shaulkin

Licensed Embalmer No. 3477

P. O. Address Cuba, 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.