

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33010

FILED OCT 15 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9413		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Lesterville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				e. STREET ADDRESS (If rural, give location) 4 Miles So. of Lesterville				
3. NAME OF DECEASED (Type or Print) a. (First) Granville b. (Middle) Cecil c. (Last) Chitwood.			4. DATE OF DEATH (Month) (Day) (Year) Sept 28-1953.					
5. SEX Male		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-12-1885.		
9. AGE (In years last birthday) 68.		10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Ellington Missouri.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Seth Chitwood		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clara E. Chitwood.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Nil		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Roy Chitwood		ADDRESS 1226 So. Jefferson.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY Embolism INTERVAL BETWEEN ONSET AND DEATH 2 DAYS. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis Heart Disease & Arteriosclerosis Subclavian Artery. DUE TO (b) Arteriosclerosis Heart Disease & Arteriosclerosis Subclavian Artery. DUE TO (c) Arteriosclerosis Subclavian Artery.					II. OTHER SIGNIFICANT CONDITIONS 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) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200						
22. I hereby certify that I attended the deceased from 8/24 , 19 53 , to 9/28 , 19 53 , that I last saw the deceased alive on 9/28 , 19 53 , and that death occurred at 8:15 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wm. W. Parker M.D.				23b. ADDRESS 4166 Westwood		23c. DATE SIGNED 9/29/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-29-53		24c. NAME OF CEMETERY OR CREMATORY Masonic cemetery		24d. LOCATION (City, town, or county) (State) Lesterville Missouri.		
DATE REC'D BY LOCAL REG. SEP 30 1953		REGISTRAR'S SIGNATURE Albert H. Hoppe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.				

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.