

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**39512**

State File No. ....

**FILED NOV 30 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 2029 Registrar's No. 160

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jeff.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>	c. LENGTH OF STAY (in this place) <u>33 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City 0501</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <u>502 Jefferson</u>	

**3. NAME OF DECEASED**  
(Type or Print) a. (First) Frederick b. (Middle) Bittick c. (Last) \_\_\_\_\_  
d. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1953

**5. SEX** Male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** married **8. DATE OF BIRTH** Nov. 3, 1866 **9. AGE** (In years last birthday) 87 IF UNDER 1 YEAR: Months — Days 15 IF UNDER 24 HRS. Hours — Min. —

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired **10b. KIND OF BUSINESS OR INDUSTRY** P.P.G. Co. **11. BIRTHPLACE** (State or foreign country) Bloomsdale Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Thomas Bittick **13b. MOTHER'S MAIDEN NAME** Feliste Charleville **14. NAME OF HUSBAND OR WIFE** Julia

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Frederick Bittick **ADDRESS** Crystal City, Mo.

**18. CAUSE OF DEATH**  
Enter only one cause for line for (a), (b), and (c)  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** Hypertension & Coronary Arteriosclerosis - unknown  
**INTERVAL BETWEEN ONSET AND DEATH** 6 days  
**ANTECEDENT CAUSES**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)** \_\_\_\_\_  
**DUE TO (c)** \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. Right side Hemiplegia

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** May 18, 1953, to Nov 18, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) Dr. Summerford MD **23b. ADDRESS** Crystal City Mo **23c. DATE SIGNED** Nov 19 53

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **24b. DATE** Nov. 20, 1953 **24c. NAME OF CEMETERY OR CREMATORY** Catholic **24d. LOCATION** (City, town, or county) (State) Crystal City, Mo.

**DATE REC'D BY LOCAL REG.** 11-20-53 **REGISTRAR'S SIGNATURE** Henry R. Polite **444** **25. FUNERAL DIRECTOR'S SIGNATURE** Henry R. Polite **ADDRESS** Crystal City, Mo.

(Licensed Embalmer's Statement on Reversed Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 28 1953

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Gentry R. Polittle

Signed.....  
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.