

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41917**

BIRTH NO. _____ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **6246** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Concord		c. LENGTH OF STAY (In this place) 9 Months	c. CITY (If outside corporate limits, write RURAL and give township) Desloge
d. FULL NAME OF HOSPITAL OR INSTITUTION Irondale R.F.D.#1		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Izora b. (Middle) _____ c. (Last) Chitwood			4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 10, 1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) Ellington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME B. Chitwood	13b. MOTHER'S MAIDEN NAME Elizabeth Voyles	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ollie Buford Irondale, Mo.	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c) Indefinite		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **Dec 15, 1952**, to **Nov 17, 1953**, that I last saw the deceased alive on **Nov 17, 1953**, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lucy W. Lohr	(Degree or title) 2	23b. ADDRESS Pittman, MO	23c. DATE SIGNED 11-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/25/53	24c. NAME OF CEMETERY OR CREMATORY Chitwood Cemetery	24d. LOCATION (City, town, or county) (State) Ellington, Missouri
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DATE REC'D BY LOCAL REG. 11/25/53	REGISTRAR'S SIGNATURE Jessie Eickenberger	25. FUNERAL DIRECTOR'S SIGNATURE But L. Boyer	ADDRESS Leadwood, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1100
1

RECEIVED

DEC 9 1953

WASH. COUNTY HEALTH DEPT.

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 William E. Bayer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.