

FILED MAY '26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16911**

BIRTH NO. _____		REG. DIST. NO. <b>242</b>		PRIMARY REG. DIST. NO. <b>4424</b>		Registrar's No. <b>44</b>			
1. PLACE OF DEATH a. COUNTY <b>Polk</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Hickory</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humansville</b>		c. LENGTH OF STAY (in this place) <b>63 days</b>		c. CITY OR TOWN <b>Heubleau</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Geo. Dimmitt Mem. Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0430 / 1</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Sarah</b>		b. (Middle) <b>Rosana</b>		c. (Last) <b>Hitson</b>			
4. DATE OF DEATH		(Month) <b>5</b>		(Day) <b>15</b>		(Year) <b>54</b>			
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8-22-66</b>			
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville Tennessee</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Jackson Branham</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Tudor</b>		14. NAME OF HUSBAND OR WIFE <b>John C. Hitson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>*</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>									
ANTECEDENT CAUSES				DUE TO (b)					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <b>4222 F</b>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>Intercapsular Fracture of Right femur</b>					
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?					
22. I hereby certify that I attended the deceased from <b>3-12</b> 19 <b>54</b> , to <b>5-15</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>5-15</b> , 19 <b>54</b> , and that death occurred at <b>8:05 P.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>D. J. Robinson</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Humansville Mo.</b>				23c. DATE SIGNED <b>5/17/54</b>	
24a. BURIAL, CREMATION, OR DISPOSITION (Specify)		24b. DATE <b>5-18-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Nemo Missouri</b>			
DATE REC'D BY LOCAL REG. <b>May 20, 1954</b>		REGISTRAR'S SIGNATURE <b>Ralph Gardner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beckwith Funeral Home</b>		ADDRESS <b>Humansville</b>			

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

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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 *O. H. Beckwith*.....

Licensed Embalmer No. *3937*

P. O. Address *Hannamüll*.....

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.