No. 300
10.48

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36582

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1276

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hsopital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Holt
c. CITY OR TOWN: Fortescue
d. Is Residence within limits of a city or incorporated town? Yes ☐ No XX
No. STREET ADDRESS (If rural, give location): Farm

0440 1

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle): Everett
c. (Last): Hitz

4. DATE OF DEATH (Month) (Day) (Year): December 3, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 31, 1888
9. AGE (In years last birthday): 66 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Indiana/ 7
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John G. Hitz
13b. MOTHER'S MAIDEN NAME: Jane Carson
14. NAME OF HUSBAND OR WIFE: Ella Virginia Hitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *******
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Crawford Funeral Home
ADDRESS: Mound City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RUPTURE OF ABDOMINAL AORTIC ANEURYSM — INTERVAL BETWEEN ONSET AND DEATH: 36 HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS — UNKNOWN
DUE TO (c) ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: NONE 022X
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): NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NONE

22. *I hereby certify that I attended the deceased from* DEC 3, 19 54, *to* DEC 3, 19 54, *that I last saw the deceased alive on* DEC 3, 19 54, *and that death occurred at* 11:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Allen S. Herman (Degree or title) M. D.
23b. ADDRESS: 706 Francis St. St. Joseph, Mo.
23c. DATE SIGNED: Dec 6, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: Madison
24d. LOCATION (City, town, or county) (State): Madison, Indiana.

DATE REC'D BY LOCAL REG.: Dec. 8, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer Fleeman Inc.
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....****.....****....., Student Embalmer No....**...

working under my personal supervision..

Student.....** ***.....
Signature of Student Embalmer

Signed..Elbert E. Harrington

Licensed Embalmer No..3258..

P. O. Address St..Joseph..M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.