. No. 300
. 10.48

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

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41843

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4382 Registrar's No. 22

740
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1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parnell
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parnell 0740
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Drexel
b. (Middle): Guy
c. (Last): Chitty

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1919
9. AGE (In years last birthday): 35 — 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): Proprietor-Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Shop
11. BIRTHPLACE (City and State or Foreign Country): Sheridan, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Harry Chitty
13b. MOTHER'S MAIDEN NAME: Jessie Watkins
14. NAME OF HUSBAND OR WIFE: Josephine Chitty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Josephine Chitty - Parnell, Missouri

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) Gun shot wound upper Chest upper large vessels of heart — Interval between onset and death: Immediate

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none — E981 X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street of Parnell Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Town of Parnell Nodaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 13-54 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Gun shot following drunken argument

22. *I hereby certify that I attended the deceased from* not attended, 19__, *that I last saw the deceased alive on* not seen, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr L L Dean MD Coroner
23b. ADDRESS: Maryville Mo
23c. DATE SIGNED: 12-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-1954
24c. NAME OF CEMETERY OR CREMATORY: Sheridan Cemetery
24d. LOCATION (City, town, or county) (State): Sheridan, Missouri

DATE REC'D BY LOCAL REG.: 12-24-54
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bill A Dunfee - Grant City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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JAN 4 1956

JAN 5 1955

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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.