

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

7786

State File No.

FILED MAR 21 1955

No. 300
10-48

380

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

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>1447</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Howard</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Howard</u>		0389			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Northeast of Albany, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>Washington</u>		c. (Last) <u>Chittim</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 28, 1855</u>	9. AGE (In years last birthday) <u>99</u>	IF UNDER 1 YEAR <u>2</u> Months <u>4</u> Days	IF UNDER 24 HRS. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Madison Chittim</u>			13b. MOTHER'S MAIDEN NAME <u>Arminta Chittim</u>		14. NAME OF HUSBAND OR WIFE <u>Maryin Martin Chittim</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Chittim Albany, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Hypertrophy with urinary retention</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Acute Bronchitis</u>				<u>4 days</u>	
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								<u>10 days</u>	
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 <u>23 Feb 1955</u> , to <u>March 4, 1955</u> , that I last saw the deceased alive on <u>3 March, 1955</u> , and that death occurred at <u>2:20 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles E. Matteson MD</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>3-7-55</u>			
24a. BURIAL / CREMATION / REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Star Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 14 - 55</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Brooks</u> ADDRESS <u>Albany Mo</u>					

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles E. Brooks

Licensed Embalmer No.

3329

P. O. Address

Albany 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.