

FILED JUL 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19407
Registrar's No. 118

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bevier Twp.)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Macon	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 2 Miles N.W. Macon 0610	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ADDIE	b. (Middle) ANN	c. (Last) ROSENSTANGLE	Month 6	Day 20	Year 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Macon Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Chitwood		13b. MOTHER'S MAIDEN NAME Ellen Taylor		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Enos Bartholomew Macon, Mo.		
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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.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure	ANTECEDENT CAUSES			
	DUE TO (b) Cardiac Decompensation			
	DUE TO (c) Chronic Myocarditis			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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.)	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 **4-4**, 19**55**, to **6-20**, 19**55**, that I last saw the deceased alive on **6-19**, 19**55**, and that death occurred at **11:45 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank H. Coffin D.O.		23b. ADDRESS Bevier, Mo	23c. DATE SIGNED 6-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/22/1955	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Macon Mo.
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DATE REC'D BY LOCAL REG. 7/2/55	REGISTRAR'S SIGNATURE Paul McNeely	25. FUNERAL DIRECTOR'S SIGNATURE R. Lester Bram	ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7.6.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.56.103
Date Filed 7.11.55

-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 *R. Lester Bram*

Licensed Embalmer No. 44

P. O. Address *Macon, Ga.*

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.