No. 300
10-48

FILED AUG 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. 23003

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1018 No. College

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Seneca
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0 7 3 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): Harris
b. (Middle): Anderson
c. (Last): Kittrell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Feb. 24, 1870
9. AGE (In years last birthday): 85 — 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 & Miner
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (City and State or Foreign Country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Granville Kittrell
13b. MOTHER'S MAIDEN NAME: Griesley Blankenship
14. NAME OF HUSBAND OR WIFE: Lucy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS

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): Severe Extra Cellular fluid deficit — INTERVAL BETWEEN ONSET AND DEATH: Several Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of head of pancreas — Around 1 year
DUE TO (c): 157X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive Cardiovascular disease years —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3-55, 19__, *to* Aug. 8, 1955, *that I last saw the deceased alive on* Aug 7, 1955, *and that death occurred at* 11:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas E. Wilkins MD
23b. ADDRESS: Neosho Mo. Sole Memorial Hosp
23c. DATE SIGNED: 8/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-11-55
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cem.
24d. LOCATION (City, town, or county) (State): Joplin, Mo.

DATE REC'D BY LOCAL REG.: 8-9-55
REGISTRAR'S SIGNATURE: Melvin C. Bowman MD 223-4
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W. E. Beddlemon Seneca Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Hea th
strict Fi e
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AUG 12 1955

NEWTON COUNTY HEALTH UNI

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 217

P. O. Address Seneca

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