

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29212

BIRTH NO.		REG. DIST. NO. 55	PRIMARY REG. DIST. NO. 3011	Registrar's No. 83
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	c. LENGTH OF STAY (if this place) <u>14 days</u>	c. CITY OR TOWN <u>Mendon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Osteopathic Clinic</u>		f. STREET ADDRESS (If rural, give location) <u>None</u> <u>0210</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Covia</u> b. (Middle) c. (Last) <u>Hittrell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17-1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 25-1887</u>	9. AGE (In years last birthday) <u>67</u> 10. UNDER 1 YEAR Days <u>10</u> 11. YEAR <u>23</u> 12. IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mendon MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Hittrell</u>		
13b. MOTHER'S MAIDEN NAME <u>Luhabee</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Hittrell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Hittrell</u> ADDRESS <u>Mendon 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive disease</u> DUE TO (c) <u>heuristic poisoning</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyroid & Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>12 days</u> <u>3 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x.</u>		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) (Min.)		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>Sept. 5</u> , 19 <u>55</u> , to <u>Sept. 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept. 17</u> , 19 <u>55</u> , and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) of <u>Dr. Edward L. Smith M.D.</u>		23b. ADDRESS <u>104.9th St. Carrollton Mo</u>		23c. DATE SIGNED <u>9-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer</u>
24d. LOCATION (City, town, or county) (State) <u>Mendon MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Herbert Calvert</u> ADDRESS <u>St. Clair Mendon MO</u>		
DATE REC'D BY LOCAL REG. <u>9/20/55</u>		REGISTRAR'S SIGNATURE <u>Wm. Herbert Calvert</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

9561 11007

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..... *H. P. Leopard*

Licensed Embalmer No..... 39

P. O. Address..... *Mendon*

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