

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33149**  
**4531**

FILED NOV 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>35 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>5817 PERRY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LONG NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROBERT</b>	b. (Middle) <b>LYMAN</b>	c. (Last) <b>CHITTENDEN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 21 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 14, 1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>-</b>	IF UNDER 1 YEAR Days <b>-</b>	IF UNDER 1 HRS. Hours <b>-</b>	IF UNDER 1 HRS. Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LITHOGRAPHER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AMES CAN CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BOULDER, COLORADO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ALBERT J. CHITTENDEN</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZA. PARTRIDGE</b>	14. NAME OF HUSBAND OR WIFE <b>RENA DENNISON CHITTENDEN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>487-07-6992</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. RENA DENNISON CHITTENDEN</b> ADDRESS <b>5817 PERRY</b>
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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  <b>332X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Myocardial Infarction, Benign prostatic Hypertrophy</b>		

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) (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 **1948**, to **Oct 21**, **1955**, that I last saw the deceased alive on **Oct 21**, **1955**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul A. G. Johnson</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>5111 Linden Ave K.C. Mo.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT. 24 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>10-22-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackman Son Inc.</b> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EMDEN

11.0 Mo.

**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..... *Bert B. Benson*

Licensed Embalmer No. *46*

P. O. Address *H. C. M.*

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.