S. No. 300
7. 10.48

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

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4205

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN: Boonville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 601 3rd St.

0272

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): MARTIN
c. (Last): HITCH

4. DATE OF DEATH (Month) (Day) (Year): February 20, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 26, 1875
9. AGE (In years last birthday): 80
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): Administrator
10b. KIND OF BUSINESS OR INDUSTRY: Kemper School
11. BIRTHPLACE (City and State or Foreign Country): Cuba, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: C. R. Hitch
13b. MOTHER'S MAIDEN NAME: Ruth Martin
14. NAME OF HUSBAND OR WIFE: Bertha Johnston Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-01-9097
17. INFORMANT'S SIGNATURE OR NAME: Mrs A. M. Hitch
ADDRESS: Boonville, Mo.

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) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES [ ] NO [X]

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* 1-19-55, 19____, *to* 2-20-56, 19____, *that I last saw the deceased alive on* 2-20-56, 19____, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. M. Stuart, M.D.
23b. ADDRESS: 329 Main; Boonville Mo.
23c. DATE SIGNED: 2/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/56
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery
24d. LOCATION (City, town, or county) (State): Boonville, Missouri

DATE REC'D BY LOCAL REG.: 2/22/56
REGISTRAR'S SIGNATURE: E. Hooper 381-D
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Thacker
ADDRESS: Boonville, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1957

MAY 8 1956

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..Berry W. Thacker.....

Licensed Embalmer No. 394

P. O. Address Bronville,

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.