

FILED MAR 12 1956

STANDARD CERTIFICATE OF DEATH

7892
State File No.

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY OR TOWN <u>Grant City,</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				e. STREET ADDRESS (If rural, give location) <u>113⁰⁰</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u>		b. (Middle) <u>Junior</u>		c. (Last) <u>Chitty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 7, 1913</u>	
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Chitty</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. II</u>	
13a. FATHER'S NAME <u>Harry Chitty</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Watkins</u>		16. SOCIAL SECURITY NO. <u>491-22-8190</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Chitty - Grant City, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CIRCULATORY FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>CORONARY ATHEROSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RECENT HEALED CORONARY OCCLUSION 6 WEEKS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>5 min.</u> <u>12 mo</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>4201</u> 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>JANUARY, 1954</u> , to <u>MAR 5, 1956</u> , that I last saw the deceased alive on <u>MAR 5, 1956</u> , and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Richard L. Smith, D.O.</u>		23b. ADDRESS <u>Grant City, Mo.</u>	
23c. DATE SIGNED <u>3-6-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sheridan, Missouri</u>		DATE REC'D BY LOCAL REG. <u>March 1956</u>		REGISTRAR'S SIGNATURE <u>Letta E. Dawson</u> <u>345-D</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Puffer</u> ADDRESS <u>Grant City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1958

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 Bill A. Dunfee

Licensed Embalmer No. 49

P. O. Address Grant Co.

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.