

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14225**BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5945** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Washington	
b. CITY OR TOWN Rural - N. Dillon	c. LENGTH OF STAY (in this place) 1 yr.	c. CITY OR TOWN Potosi	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home		STREET ADDRESS (If rural, give location) 1100	

3. NAME OF DECEASED (Type or Print) a. (First) Nina b. (Middle) Mae c. (Last) Gittin			4. DATE OF DEATH (Month) (Day) (Year) April 7, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 1, 1880	9. AGE (In years last birthday) 76	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) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY ←	11. BIRTHPLACE (City and State or Foreign Country) Washington County, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Marion Rasnick		13b. MOTHER'S MAIDEN NAME Jerusha Starkey		14. NAME OF HUSBAND OR WIFE Phos Gitten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ←		16. SOCIAL SECURITY NO. ←		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Smith Funeral Home - Potosi, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic pericarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH about 2 1/2 years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592x			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 **Jan. 15, 1956** to **April 12, 1956**, that I last saw the deceased alive on **4-12-56**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. V. Hammler, M.D.		23b. ADDRESS St. James, Mo		23c. DATE SIGNED 4-19-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal		24b. DATE Apr. 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		24d. LOCATION (City, town, or county) (State) Franklin, MO.	
DATE REC'D BY LOCAL REG. 4-20-1956		REGISTRAR'S SIGNATURE Ruth B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orval E. Lichliter - St. James, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Phelps County Health Officer

County File Number 391

Date Filed APR 23 1933

M.

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orville E. Lickliter

Licensed Embalmer No. 351

P. O. Address St. Joseph

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.