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FILED MAY 29 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

17088
State File No.

BIRTH NO. REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 17-56

**1. PLACE OF DEATH**
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia 0
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole 026 0
c. CITY OR TOWN: Eugene
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 1
e. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): WILLIAM ALBERT BITTLE

**4. DATE OF DEATH** (Month) (Day) (Year): May 12, 1956

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 9, 1881
**9. AGE** (In years last birthday): 74 — 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): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Wilton, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: James Bittle
**13b. MOTHER'S MAIDEN NAME**: Mary Roberts
**14. NAME OF HUSBAND OR WIFE**: Janie Bittle

**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.**: 498-18-6440
**17. INFORMANT'S SIGNATURE OR NAME**: Lloyd Bittle — ADDRESS: Olean, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION
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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis — 4 yr
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**: 4201
**20. AUTOPSY?** YES ☐ NO ☐

**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* Jan., 1945, *to* 5-12-, 1956, *that I last saw the deceased alive on* May 12, 1956, *and that death occurred at* 4:14 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. E. Humphreys D.O.
**23b. ADDRESS**: Tuscumbia, Mo
**23c. DATE SIGNED**: 5-14-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 14-56
**24c. NAME OF CEMETERY OR CREMATORY**: Jim Henery
**24d. LOCATION** (City, town, or county) (State): Eugene, Mo.

DATE REC'D BY LOCAL REG.: May 17, 1956
REGISTRAR'S SIGNATURE: Mrs. D. E. Kallenbach
**25. FUNERAL DIRECTOR'S SIGNATURE**: Louis P. Phillips — ADDRESS: Eugene

(Licensed Embalmer's Statement on Reverse Side)

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

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## 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 .....Louis D. Phillips....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No.....366

P. O. Address ...Eldon.....

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.