

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20996

State File No.

BIRTH NO.		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>74</u>		
1. PLACE OF DEATH a. COUNTY <u>Johnson.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson.</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrensburg</u>		c. LENGTH OF STAY (in this place township) <u>25 yrs</u>		c. CITY OR TOWN <u>Warrensburg</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 <u>211, Ming.</u>				e. STREET ADDRESS (If rural, give location) <u>211, Ming.</u> <u>05120</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>			b. (Middle)			c. (Last) <u>Kitterman</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June. 19, 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. 22, 1898.</u>		
9. AGE (In years, months, birthday) <u>57</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>custodian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CMSC College</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Caryden. Ind.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Logan Kitterman</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Alice Wallace</u>			14. NAME OF HUSBAND OR WIFE <u>Mable E. Kitterman.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>500-10-7701</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mable E. Kitterman. Warrensburg. MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs.</u> <u>12 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 <u>Oct. 8, 1944</u> , to <u>June 19, 1956</u> , that I last saw the deceased alive on <u>June 16, 1956</u> , and that death occurred at <u>3:22 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Warrensburg, Mo.</u>		23c. DATE SIGNED <u>6-20-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>21, June, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg. MO.</u>		
DATE REC'D BY LOCAL REG. <u>June 21, 1956</u>		REGISTRAR'S SIGNATURE <u>Savannah C. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips. Warrensburg. MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 25 1956
JOHNSON COUNTY HEALTH DEPARTMENT

JUL 31 1956

MAY 8 1957

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 *R. Q. Phillips*.....

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg*

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.