

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1956

State File No. 27336

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 378

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Carl Junction	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		STREET ADDRESS (If rural, give location) Carl Junction, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2826 E. 12th Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Effie	b. (Middle) Jane	c. (Last) Chitwood	4. DATE OF DEATH (Month) (Day) (Year) August 16, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 19, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd. teacher	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and State or Foreign Country) Franklin, Ind.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Samuel S. Verbruyck	13b. MOTHER'S MAIDEN NAME Mary Cynthia Markey	14. NAME OF HUSBAND OR WIFE Galen D. Chitwood
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine Lev, ADDRESS Joplin, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid carditis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General atherosclerosis DUE TO (c) Intertrochanteric fracture, rt. hip		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		11-27-55	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4500F
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **6-3-54**, 19____, to **8-16-56**, 19____, that I last saw the deceased alive on **8-16-56**, 19____, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Howard M.D.	23b. ADDRESS Frisco Bldg. Joplin, Missouri	23c. DATE SIGNED 8-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 13, 1956	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cem.	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
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DATE REC'D BY LOCAL REG. 8-27-56	REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Jasper County Health Office
County File Number 56-9-
Date Filed SEP 10 1956 718

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 *William A. Fulmer*

Licensed Embalmer No. *465*
P. O. Address *Carters*

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.