

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36784

STATE FILE NUMBER

FILED OCT 30 1956

Registration District No. 356

Primary Registration District No. 4521

Registrar's No. 39

1. PLACE OF DEATH a. COUNTY TEXAS			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MO. b. COUNTY DOUGLAS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOUSTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RT. 3, CABOOL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOUSTON CLINIC		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 17 mi. SO. CABOOL		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WAYNE Middle HERSCHEL Last BITTICK			4. DATE OF DEATH Month 10 - Day 21 - Year 56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-11-1934		9. AGE (In years last birthday) 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIRE SHOP EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DOUGLAS CO., MO.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME SIM BITTICK			14. MOTHER'S MAIDEN NAME MARY LOOMIS		
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. 486-40-1879		17. INFORMANT Address SIM BITTICK, RT. 3, CABOOL, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Hemorrhage Intrathoracic & Intra Cranial secondary to crush injuries of Chest and Head. Following a Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crush and Head. Following a DUE TO (c) Auto accident.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car hit side of road & overturned - apparently		
20c. TIME OF INJURY Hour 6:00 a. m. - 10:00 p. m. - Month Oct. Day 21 Year 1956			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) # 63 Highway Near Raymondville, Mo. Texas MO.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Raymondville, Mo. Texas MO.		20g. COUNTY DOUGLAS	
21. I attended the deceased from 10/21/56 to 10/21/56 and last saw her alive on 10/21/56 Death occurred at 7:30 pm (10/21/56) on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L. J. Burns, M.D.			22b. ADDRESS Houston, MO.		22c. DATE SIGNED 10/23/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-24-56	23c. NAME OF CEMETERY OR CREMATORY MT. ARARAT		23d. LOCATION (City, town, or county) (State) DOUGLAS CO., MO.
24. FUNERAL DIRECTOR Elliot - Gentry		ADDRESS Cabool, MO.		25. DATE RECD. BY LOCAL REG. 10-26-56	26. REGISTRAR'S SIGNATURE Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

All health, welfare, and public service...
 0170
 300
 1-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 If only standard nomenclature in item 18. No symptoms will be listed. All...
 Coroner cannot certify to a death due to natural causes.

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 *James L. Gentry*.....
Licensed Embalmer No. *47*

P. O. Address *Calool,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.