FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42532
STATE FILE NUMBER

Registration District No. 300 Primary Registration District No. 4449 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellington — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home — Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Reynolds
c. CITY OR TOWN Ellington — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 900 (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Lula Middle ~~Belle~~ Last Fears

4. DATE OF DEATH Month 12 Day 12 Year 56

5. SEX F **6. COLOR OR RACE** W **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH Mar 15, 1902 **9. AGE** (In years last birthday) 54 — 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) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** —

11. BIRTHPLACE (City and state or country) Reynolds County, Mo **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME Hugh Chitwood **14. MOTHER'S MAIDEN NAME** Laura Speers

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.** — **17. INFORMANT** Lola Ford Address Ellington Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Degeneration Cardiac — Interval between onset and death: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Breast with general Hypo. —
DUE TO (c) Metastasis - Lungs - Liver.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 1954, to Dec 12/56 and last saw her ~~him~~ alive on Dec 12/56
Death occurred at 12:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth T Carter (Degree or title) D.O. **22b. ADDRESS** Ellington Mo **22c. DATE SIGNED** Dec 13/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 12-14-56 **23c. NAME OF CEMETERY OR CREMATORY** Pumpkin Hollow **23d. LOCATION** (City, town, or county) Ellington (Rural) (State) Mo

24. FUNERAL DIRECTOR Chas E. Pentt **ADDRESS** Ellington Mo **25. DATE RECD. BY LOCAL REG.** 12/15/1956 **26. REGISTRAR'S SIGNATURE** Essie Evans

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

76-0

Received 12/20/s
Reynolds County Health
File No. 1256-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. S. Leavitt

Licensed Embalmer No. 45

P. O. Address Ellington

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.