

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039339

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 120

S. 300 3
v. 1-57

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howards</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>New Franklin</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. St. Joseph</u>		Length of stay in 1b <u>None</u>	d. STREET ADDRESS (If outside, give location) <u>412 Broadway</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>ALFRED</u> Middle <u>E.</u> Last <u>BITTLE</u>		Month <u>Nov.</u> Day <u>9,</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 2, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Comm. & Marshall</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City</u>	9. AGE (In years at last birthday) <u>49</u>
11. BIRTHPLACE (City and state or country) <u>Wilton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph E. Bittle</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Nichols</u>	
14. NAME OF HUSBAND OR WIFE <u>Trellis A. Nichols</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u>	
16. SOCIAL SECURITY NO. <u>486-12-8308</u>		17. INFORMANT Address <u>Mrs. Trellis Bittle, New Franklin</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable acute Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension - arteriosclerotic Heart Disease</u>			<u>± 3 months</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>9</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>10-13-58</u> , to <u>10-23-58</u> and last saw ^{her} _{him} alive on <u>10-23-58</u> Death occurred at <u>8:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. M. Stuart, M.D.</u> (Degree or title)		22b. ADDRESS <u>329 Main; Boonville, MO</u>	
22c. DATE SIGNED <u>11-11-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 12, 58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>New Franklin, Missouri</u>	
24. FUNERAL DIRECTOR <u>Markland - Hall</u>		ADDRESS <u>New Franklin, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>11/11/58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Tom D. Markland*

Licensed Embalmer No. *4592*
P. O. Address *New Franklin*

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.