

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021931

JUL 14 1959

Registration District No. 155 Primary Registration District No. 4246 Registrar's No. 102

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY Jasper				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carl Junction		Length of stay in 1b 79 yrs		c. CITY OR TOWN Carl Junction		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION 205 S. Chitwood			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 205 S. Chitwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Galen D. CHITWOOD				4. DATE OF DEATH Month Day Year 6 29-1959				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-15-1879		
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Carl Junction Mo		12. CITIZEN OF WHAT COUNTRY USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Service Co			10b. KIND OF BUSINESS OR INDUSTRY Mar. Gas Co.		13a. FATHER'S NAME H. R. Chitwood		13b. MOTHER'S MAIDEN NAME Lydia Rothenbaker	
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 05 8478		14. NAME OF HUSBAND OR WIFE Jessie Chitwood		
17. INFORMANT Jessie Chitwood						Address Carl Jct. 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) GUNSHOT WOUND HEAD FATAL							INTERVAL BETWEEN ONSET AND DEATH LESS THAN 25 MIN.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PLACED THE MUZZLE OF 38 CAL. PISTOL TO				
20c. TIME OF INJURY Hour 12:30 Month, Day, Year 6-29-59		RT. TEMPORAL AREA 1 INCH ABOVE EAR PULLED TRIGGER			RESULTING IN DEATH			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION Carl Junction		COUNTY JASPER		STATE MO.
21. I attended the deceased from Death occurred at 12:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.								21. I attended the deceased from DID NOT ATTEND last saw her alive on
22a. SIGNATURE W. H. CORONER				22b. ADDRESS MED. ARTS BLDG. JOPLIN MO.		22c. DATE SIGNED 7-3-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-2-1959		23c. NAME OF CEMETERY OR CREMATORY Carl Junction		23d. LOCATION (City, town, or county) (State) Carl Junction Mo		
24. FUNERAL DIRECTOR Don Roney Carl Jct, MO				25. DATE RECD. BY LOCAL REG. 7-6-59		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry E. Arnold

Licensed Embalmer No. 446

P. O. Address West City

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