

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033422

FILED VS. SEP 21 1959 394

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 23

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Reynolds</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Logan Twnp</u> Length of stay in lb _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mi. N of 100-B Highway Junction</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u> c. CITY OR TOWN <u>Rural-Logan Twnp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>6 Mi NW of Ellington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Joseph Dill Chitwood</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Sept 2, 1959</u>							
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>W</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>May 4, 1917</u>		<b>9. AGE (last birthday)</b> <u>42</u>		<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>28</u> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>			<b>11. BIRTHPLACE</b> (City and state or country) <u>Reynolds County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>Nimrod Chitwood</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Coleman</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Sophia Chitwood</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW II Dates Unknown</u>				<b>16. SOCIAL SECURITY NO.</b> <u>486-32-6949</u>		<b>17. INFORMANT</b> Address <u>Sophia Chitwood, Ellington, Mo.</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Concession of the brain</u> DUE TO (b) <u>also Pressure of the brain</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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								INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>TRUCK OVER TURNED</u>							
<b>20c. TIME OF INJURY</b> Hour a.m. _____ Month, Day, Year <u>3:40 P.M. 7-2-59</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Highway</u>		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE <u>7 Mi NW of Ellington, Reynolds, Mo</u>					
<b>21. I attended the deceased from</b> <u>was unattended</u> and last saw her him alive on _____ Death occurred at <u>3:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
<b>22a. SIGNATURE</b> (Degree or title) <u>E. M. Fitzpatrick M.D.</u>						<b>22b. ADDRESS</b> <u>Box Lesterville, Mo.</u>			<b>22c. DATE SIGNED</b> <u>9-2-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>9-4-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Pumpkin Hollow</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Reynolds County, Mo.</u>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Pewitt Funeral Home, Ellington, Mo.</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>Sept 17 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Elma Jarvis</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1959

**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 Chas. S. Penick

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

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