

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037277

FILED VS SEP 27 1960

ENDED

Registration District No. 374 Primary Registration District No. 4532 Registrar's No. 29

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sheridan</u> Length of stay in 1b <u>life</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY OR TOWN <u>Sheridan</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Enhram</u> Last <u>Chitty</u>			4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1960</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>4-16-1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own business</u>		11. BIRTHPLACE (City and state or country) <u>Ringgold County, Iowa</u>			
12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>							
13a. FATHER'S NAME <u>Joseph Chitty</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Million</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Lorane Chitty</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Jessie Lorane Chitty-Sheridan, Mo.</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>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebrovascular accident</u> DUE TO (c) <u>Hypertensive arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u> <u>10 Min.</u> <u>years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiparalysis due to stroke 8 days prior to demise.</u>					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 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>							
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>Sept. 1, 1960</u> <u>Sept. 9 1960</u> and last saw her him alive on <u>Sept 9, 1960</u> Death occurred at <u>6:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Richard L. Smith D.D.</u>			22b. ADDRESS <u>Grant City, Mo.</u>		22c. DATE SIGNED <u>9-11-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-13-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sheridan, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Bill Imfuer Grant City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 24, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>			

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

Student _____
Signature of Student Embalmer

Signed Bill Dunfer

Licensed Embalmer No. 4900

P. O. Address Grant City

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.