

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000509

FILED VS JAN 24 1961

AMENDED

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Osage Beach

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Hy 54 2 Mi. S of BridgeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

Miller

admission)

c. CITY
OR
TOWN

Eugene

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Rt. 1

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DONALD

LEE

BITTLE

4. DATE
OF
DEATH

Month

Day

Year

Jan. 13, 1961

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-25-1937 23

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Eugene, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Archie Bittle

13b. MOTHER'S MAIDEN NAME

Mildred Bond

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes

1955 to 1959

16. SOCIAL SECURITY NO.

499-40-2204

17. INFORMANT

Archie Bittle

Address

Eugene, 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)

MULTIPLE FRACTURES & INTERNAL INJURIES 15 MIN.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

AUTO ACCIDENT.

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.

☐ Yes ☐ No ☐ Unknown19. 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.)

AUTO ACCIDENT.

20c. TIME OF INJURY

Hour

Month, Day, Year

7:05 p.m.

1-13-1961

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.)

STREET

20f. CITY, TOWN, OR LOCATION

OSAGE BEACH

COUNTY

CAMDEN

STATE

MO.

21. I attended the deceased from

7:30

P

and last saw him alive on

Death occurred at

7:30

P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. B. HOLLY

(Degree or title)

MD. (CORONER)

22b. ADDRESS

CAMDEN, MISSOURI

22c. DATE SIGNED

1-16-1961

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-17-1961

23c. NAME OF CEMETERY OR CREMATORY

Eugene

23d. LOCATION (City, town, or county)

Eugene, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Louis W. Phillips

Camden

25. DATE RECD. BY LOCAL REG.

Jan. 16-1961

26. REGISTRAR'S SIGNATURE

Zilpha J. Drow

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1961

JAN 25 1961

FEB 15 1961

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 Louis W. Phillips

Licensed Embalmer No. 3663

P. O. Address Evans

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.