

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008197

STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 5382 Registrar's No. 29

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 5 1961

1. PLACE OF DEATH  
 a. COUNTY Dent  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin typ Length of stay in 1b 3 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Dent  
 c. CITY OR TOWN Salem Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) rt 5 Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Carrie Mae Chitwood  
 4. DATE OF DEATH Month Day Year April 1 1961

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 7-18-97 9. AGE (last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY X 11. BIRTHPLACE (City and state or country) Shannon Co Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Dillard 13b. MOTHER'S MAIDEN NAME Adeline Conway 14. NAME OF HUSBAND OR WIFE John L Chitwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X 16. SOCIAL SECURITY NO. X 17. INFORMANT Address John L Chitwood rt 5 Salem 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) Acute coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH summary  
 DUE TO (b) Coronary # arteriosclerosis  
 DUE TO (c) Generalized arteriosclerosis  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Extensive Thrombophlebitis of legs  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. 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.)  
 20c. TIME OF INJURY Hour a.m. Month, Day, Year

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.)  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE  
 21. I attended the deceased from Oct 1960 to 4/1/61 and last saw her alive on 3/30/61  
 Death occurred at SA m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. J. Bass 22b. ADDRESS Salem Mo 22c. DATE SIGNED 4/3/61  
 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 4-4-61 23c. NAME OF CEMETERY OR CREMATORY Chitwood Cem 23d. LOCATION (City, town, or county) (State) Reynolds Co Mo

24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc 25. DATE RECD. BY LOCAL REG. 4-3-61 26. REGISTRAR'S SIGNATURE M. M. [Signature]

**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 Carl H. Spinner

Licensed Embalmer No. 2370

P. O. Address Salem, N.H.

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.