

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Hallingsworth
State File No. 12173
Registrar's No. 189

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5504

4200
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norris (Bug Creek)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norris	
c. LENGTH OF STAY (in this place) 32 yrs.		d. STREET ADDRESS (If rural, give location) Norris Gen. Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Norris Gen. Delivery			

3. NAME OF DECEASED (Type or Print) a. (First) Norval b. (Middle) Calvin c. (Last) Chitwood			4. DATE OF DEATH (Month) (Day) (Year) May I 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 7 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours 24	IF UNDER 15 MIN. Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Henty County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John C. Chitwood		13b. MOTHER'S MAIDEN NAME Termelia Norris		14. NAME OF HUSBAND OR WIFE Martha Ann Chitwood	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha A Chitwood * Norris Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) basilar aneurysm occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from June 22, 1948 to April 24, 1949 that I last saw the deceased alive on Mar. 28, 1949 and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. S. Hallingsworth		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 5-3-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3 1949		24c. NAME OF CEMETERY OR CREMATORY Urlich Cemetery	
24d. LOCATION (City, town, or county) (State) Urlich Missouri					

DATE REC'D BY LOCAL REG. 5-3-49		REGISTRAR'S SIGNATURE Florence Adair		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4221 1/2 E. Main St. Clinton Mo	
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RECEIVED

District Health Officer No. 7

District File Number 4-49-5

Date Filed 5-9-49

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 _____

None

Student Embalmer No. None

working under my personal supervision.

Signed None Student Embalmer

Signed Francis Lee Schelling

Licensed Embalmer No. 4513

P. O. Address Clinton, Md

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 this body is not embalmed, fact should be so stated above.