DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10395

Primary Registration District No. 4064

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Mokane
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Private Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Mokane
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DAVID G. LITEL

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hannah 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Aug (Month) 31st (Day) 1858 (Year)

8. AGE: Years 83 Months 6 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace WESTMORELAND Co (City, town, or county) PENN (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ____

FATHER
12. Name ROBERT LITEL
13. Birthplace ____ (City, town, or county) PENN (State or foreign country)

MOTHER
14. Maiden name GLASGURN
15. Birthplace ____ (City, town, or county) PENN (State or foreign country)

16. (a) Informant's own signature T. P. LITEL
(b) Address MOKANE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 31 '42 (Month) (Day) (Year)
(c) Place: burial or cremation HAMS PRARIE

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 700 Court Fulton, Mo

19. (a) 3-30 1942 (Date received local registrar) (b) Josie Morrison Huff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29
year ____ hour 3 minute 20 P M.

21. I hereby certify that I attended the deceased from 7-1, 1939, to 3-29, 1942
that I last saw him alive on 3-29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac + Bronchial Asthma

Due to Fastic contraction of Coronary arteries + Anthracosis.

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

95c

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature W O Payne (M. D. or other) M.D.
Address R#6 Fulton Mo Date signed 3-29-42

1141

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

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, above space should be left blank.