

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15288

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Liberty Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>	b. (Middle)	c. (Last) <u>Litson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 13-1877</u>	9. AGE (In years last birthday) <u>71</u>	10 UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	11 UNDER 18 YRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>W. H. Litson</u>	13b. MOTHER'S MAIDEN NAME <u>Laura L Tomlin</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>IOOF Home Records</u> ADDRESS <u>Liberty Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized debility - hypo-proteinemia</u>		<u>12 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Quadruplegia</u>		<u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>neurotrophic decubitus ulcers</u>		DUE TO (c)	<u>352X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1 October 1948 to 3 May 1949, that I last saw the deceased alive on 2 May 1949, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>3 May 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nevada</u>	24d. LOCATION (City, town, or county) <u>Nevada Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 3. 1949</u>	REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Liberty Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-21-49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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.