

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26351**

FILED SEP 7 1949

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5183** Registrar's No. **57**

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Rural | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Rural | |
| c. LENGTH OF STAY (If this place) | | d. STREET ADDRESS (If rural, give location) Byrd Turn | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Byrd Turn | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ODUS b. (Middle) CLEVELAND c. (Last) LITZELFELNER | 4. DATE OF DEATH (Month) (Day) (Year) AUG. 26, 1949 |
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|--|--|---|---|---|----------------------------------|----------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH AUG. 11-1882 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. 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 (State or foreign country) Neelys Landing Mo | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |

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| 13a. FATHER'S NAME AUG. LITZELFELNER | 13b. MOTHER'S MAIDEN NAME WILLIE HANSEL | 14. NAME OF HUSBAND OR WIFE ETHEL MASTERTON LITZELFELNER |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Ralph Litzelfelner ADDRESS Jackson Mo. |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1/2 hour several years 4201 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) - | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 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 **July**, 1948, to **Aug 26**, 1949, that I last saw the deceased alive on **June 3**, 1949, and that death occurred at **5:20 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) C.F. McDonald, M.D. | 23b. ADDRESS Jackson, Mo | 23c. DATE SIGNED 8-28-49 |
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|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug 28, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Aug 28-49 D. G. Leibert | 43 | 25. FUNERAL DIRECTOR'S SIGNATURE McMellin ADDRESS Jackson |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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RECEIVED 8-30-49
District Health Officer No. 4
District File Number 849-1139
Date Filed

SEP 16 1949

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

working under my personal supervision.

Student Embalmer No.

Signed Student Embalmer

Signed Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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, fact should be so stated above.