

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19098

BIRTH NO.		REG. DIST. NO. 340	PRIMARY REG. DIST. NO. 6152	Registrar's No. 51
1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty)		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R.F.D. #4, Dexter, Mo. 0		
3. NAME OF DECEASED (Type or Print) a. (First) Micheal		b. (Middle) Albert	c. (Last) Litzler	4. DATE OF DEATH (Month) (Day) (Year) May 14, 1950
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 30, 1868	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hauhstadt, Ind.	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Conrad Litzler		13b. MOTHER'S MAIDEN NAME Catherine Behmer	14. NAME OF HUSBAND OR WIFE Mary T. Litzler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Mrs. Christine Smith, Dexter, 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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Oct 1, 1945, to May 14, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 Pm, from the causes and on the date stated above.				
23a. SIGNATURE (Name or Title) H. E. [Signature]		23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED May 15, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11	24b. DATE 5-17-50	24c. NAME OF CEMETERY OR CREMATORY Dexter	24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 6-2-50	REGISTRAR'S SIGNATURE Velma V. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 26 1951

JUN 27 1951

RECEIVED JUN 7 1951
District Health Office N
District File Number 650
Date Filed

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
Student Embalmer

Signed

J. Stuchlik

Licensed Embalmer No. 3479

P. O. Address Wester, 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.