

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36227

State File No. _____
Registrar's No. 1376

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (In this place) 4 yrs. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2113 Pear St. | | d. STREET ADDRESS (If rural, give location) St. Joseph 2113 Pear St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Martin c. (Last) Lytton | | | 4. DATE OF DEATH (Month) (Day) (Year) 12 1 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 3, 1896 |
| 9. AGE (In years last birthday) 54 | | 10. KIND OF BUSINESS OR INDUSTRY State Hi-way Dept. | 11. BIRTHPLACE (State or foreign country) Agency, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME George R. Lytton | | 13b. MOTHER'S MAIDEN NAME Sarah J. Mitchell | 14. NAME OF HUSBAND OR WIFE Thelma Lytton |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. I | | 16. SOCIAL SECURITY NO. 500-0705395 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thelma Lytton - St. Joseph, Missouri |
| 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | |
| 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) m. ✓ | | 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 Dec 1, 1950 , to Dec 1, 1950 , that I last saw the deceased alive on Dec 1, 1950 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Collis P. Rounding MD (Degree or title) | | 23b. ADDRESS St. Joseph, Mo. 1400 1/2 W. Main Bldg. | |
| 23c. DATE SIGNED Dec 2-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 5, 1950 | |
| 24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery | | 24d. LOCATION (City, town, or county) (State) Agency, Missouri | |
| DATE REC'D BY LOCAL REG. Dec 7, 1950 | | REGISTRAR'S SIGNATURE Carl C. Casper | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Stanley Funeral Home | | ADDRESS St. Joseph, Mo. | |

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

DEC 12 1950

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 Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.