

No. 300
10. 48

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19318

State File No.

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>190</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gibbs</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City</u>		<u>0520</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Milsap Nurseing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>			b. (Middle)		c. (Last) <u>Litchfield</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 4, 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Knox County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>John Litchfield</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Neft.</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Lee Litchfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bess Litchfield</u>		ADDRESS <u>Knox City, Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Cardiac Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 MONTHS</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Advanced age and debility</u>				
				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						<u>4341</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Jan 27</u> , 19 <u>51</u> , to <u>July 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 4</u> , 19 <u>51</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. W. K. Elger, D.O.</u>				23b. ADDRESS <u>Edina, Missouri</u>		23c. DATE SIGNED <u>Jul. 5. 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/6/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LaBelle.</u>		24d. LOCATION (City, town, or county) (State) <u>LaBelle. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-6-51</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bladen J. LaBelle, Mo</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

5016
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JUL 25 1951

Date Received: JUL 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-174
Date Filed: JUL 12 1951

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 Myself

working under my personal supervision.

Student Embalmer No.

Signed [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4328

P. O. Address LaBelle, 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.