

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22379

FILED JUL 18 1951

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Archie</u>	
c. LENGTH OF STAY (in this place) <u>42 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Henry</u> b. (Middle) <u>Hub</u> c. (Last) <u>Litz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 - 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>Sept. 2 - 1876</u>		9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Days <u>10</u> 11. UNDER 1 HR. Hours <u>8</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work long including most of working life, even if retired) <u>Retired Farmer - 15 yrs retired.</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Knox Co., Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>William Hublitz</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy C. Hood</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Ned Brewer, Archie, 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>Mitral Regurgitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomas of Prostate</u>		not known	
		DUE TO (c) _____			
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) <u>177X</u>	
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 Feb 20, 1948, to July 10, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Triplett M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrisonville Mo.</u>		23c. DATE SIGNED <u>7-11-51</u>	
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24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barford Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	

DATE REC'D BY LOCAL REG. <u>July 11, 1951</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Johnson Bros Archie, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01910

**RECEIVED**  
JUL 14 1951  
CASS COUNTY  
HEALTH DEPARTMENT

**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 Rayd Ottusson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

No.