

FILED SEP 1 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27613**

BIRTH NO. _____		REG. DIST. NO. <b>200</b>		PRIMARY REG. DIST. NO. <b>5727</b>		Registrar's No. <b>88</b>	
1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Narrows</b>		c. LENGTH OF STAY (in this place) <b>14 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Narrows 0610</b>		d. STREET ADDRESS (If rural, give location) <b>RR# 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>P.R.# 3.</b>				d. STREET ADDRESS (If rural, give location) <b>RR# 3</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lona</b> b. (Middle) <b>May</b> c. (Last) <b>Itchner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 13 1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 27, 1884</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Neff</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Asberry</b>		14. NAME OF HUSBAND OR WIFE <b>Harry Itchner</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harry Itchner</b> ADDRESS <b>Macon, Mo.</b>			
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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Coronary Arteriosclerosis</b>					<b>4 1/2 mos</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Interstitial Nephritis</b> <b>4 yrs</b>						
	DUE TO (c) <b>Tertio Schrosis of Valvular Heart Disease</b> <b>Unknown</b>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>mitral stenosis</b>					<b>Unknown</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>44 1/2 x</b>				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 <b>1-21, 1948</b> , to <b>8-13, 1951</b> , that I last saw the deceased alive on <b>8-13, 1951</b> , and that death occurred at <b>9:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. E. O'Neil</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Macon Mo</b>		23c. DATE SIGNED <b>8-17-51</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 15, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Macon Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8/20/51</b>		REGISTRAR'S SIGNATURE <b>Ruth McNeely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stephens &amp; Gooding</b>		ADDRESS <b>Macon, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED 6.27.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 8.51.135  
Date Filed 8.27.51

(27)

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 Charles L. Hutton

Signed.....  
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, 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.