

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41918

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 496

0485
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 0485	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 10 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) RR 2	
3. NAME OF DECEASED (Type or Print) a. (First) Callie b. (Middle) C c. (Last) Lytle			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 8, 1884
9. AGE (in years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY self employed
11. BIRTHPLACE (State or foreign country) Cold Water, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown Henderson		13b. MOTHER'S MAIDEN NAME Unknown Carter	
14. NAME OF HUSBAND OR WIFE Frank W. Lytle (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Donald Lytle		ADDRESS Independence, Mo. RR 2	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Right INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) Secondary to DUE TO (c) Encephalomalacia Right 10 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Pathologist	
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 334X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 P m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. ...		23b. ADDRESS Independence, Mo.	
23c. DATE SIGNED 12/29/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 27, 1951	
24c. NAME OF CEMETERY OR CREMATORY Id. Grove Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. Dec. 26-1951		REGISTRAR'S SIGNATURE ...	
25. FUNERAL DIRECTOR'S SIGNATURE ...		ADDRESS Independence, Mo.	

DEC 26 1953

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 Tom D Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.