

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42834

State File No. ....

FILED DEC 18 1952

BIRTH NO. .... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 408

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (If in place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #2 New London</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lois</u> b. (Middle) <u>Berta</u> c. (Last) <u>Litteken</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 24, 1927</u>		9. AGE (In years last birthday) <u>25</u>		10. IF UNDER 1 YEAR Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Palmyra, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>John R. Glendinning</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie A. Devereaux</u>		14. NAME OF HUSBAND OR WIFE <u>George L. Litteken</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>491-26-8849</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Litteken, New London, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Marginal placenta praevia</u>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6706</u>		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 Dec 5, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Hill</u> (Degree or title)		23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>12/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Palmyra, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12/10/52</u>		REGISTRAR'S SIGNATURE <u>D. E. M. Lucke Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benjamin Bros. Palmyra, Mo.</u>	
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RECEIVED DEC 16 1952  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 16 1952

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

*Harry Lewis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *7382*

P. O. Address *Levyville, 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.