

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13481

State File No.

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5171 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Callaway 0140</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Callaway 0140</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Aubert Twp.</u>		c. CITY OR TOWN <u>Rural St. Aubert Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Mokane</u>		e. STREET ADDRESS (If rural, give location) <u>RFD Mokane</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u>		b. (Middle) <u>M.</u>	c. (Last) <u>Litel</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
9. AGE (In years last birthday) <u>94</u>		8. DATE OF BIRTH <u>Sept 9, 1858</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 30 1953</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saltsburg Pennsylvania</u>
13a. FATHER'S NAME <u>Thomad Patton</u>		13b. MOTHER'S MAIDEN NAME <u>----- Brubaker</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
14. NAME OF HUSBAND OR WIFE <u>D.K.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T.P. Litel Mokane Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> ANTECEDENT CAUSES <u>Coronary Atherosclerosis</u> DUE TO (b) <u>Unkn</u> DUE TO (c) <u>Insidious</u> " " 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>4201</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10</u> A.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Andrew L. Lewis, M.D.</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Callaway County Missouri</u>	
23c. DATE SIGNED <u>5/1/53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 2 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hans Prairie Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Margaret General Home Sulton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May-1-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Sam A. Stewart*.....

Licensed Embalmer No. *3122*.....

P. O. Address *Hullon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.