

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32106

State File No. ....

FILED OCT 9<sup>th</sup> 1953

BIRTH NO. .... REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 179

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEE'S SUMMIT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEE'S SUMMIT</u>	
c. LENGTH OF STAY (In this place) <u>3 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>104 MONROE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 MONROE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>LITTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 15, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 8, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Sundry Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>McPike Drug Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Winterset, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Burton C. Litton</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Tarbell</u>	14. NAME OF HUSBAND OR WIFE <u>Addie May Litton</u>
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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>495-01-4258A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY E. McKIBBIN, GREGORY &amp; PALMER</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4222</u>
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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
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22. I hereby certify that I attended the deceased from 12-30, 1952, to 9-15, 1953, that I last saw the deceased alive on 9-15, 1953, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Lee's Summit Mo</u>	23c. DATE SIGNED <u>9-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG <u>Sept 16, 1953</u>	REGISTRAR'S SIGNATURE <u>D. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer</u>	ADDRESS <u>Some Kansas City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Herbert A. Jones*

Licensed Embalmer No. *4927*

P. O. Address *4125 Posse K. C. 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.