

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43581**
Registrar's No. **140**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041**

0611

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	
c. LENGTH OF STAY (in this place) 24rs.		d. STREET ADDRESS (If rural, give location) 119 E. 5th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 E. 5th St.			

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Carl c. (Last) Itchner			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 4, 1878		9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months Days	
11. BIRTH PLACE (State or foreign country) Macon County		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME Charles Itschoer		13b. MOTHER'S MAIDEN NAME Barbra Schultess		14. NAME OF HUSBAND OR WIFE Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mae Marsh, Shelbina, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound Temple			INTERVAL BETWEEN ONSET AND DEATH Inst.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self Inflicted			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Macon Macon Mo.		
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?		

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 on **Dec. 20, 1953**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lester Hutton Coroner		23b. ADDRESS Macon Mo.		23c. DATE SIGNED 12/21/1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 22, 53		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.	
				24d. LOCATION (City, town, or county) (State) Macon Mo.	

DATE REC'D BY LOCAL REG. 12/29/53		REGISTRAR'S SIGNATURE Paul McNeely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lester Hutton Macon, Mo.	
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JAN 20 1957

JAN 22 1957

RECEIVED
MAGON COUNTY HEALTH DEPARTMENT
County File No. 12-53-206
Date Filed 1-7-57

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 Charles L. Nettou

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.