

**STANDARD CERTIFICATE OF DEATH**

State File No. **2222**

No. 300  
10-48

BIRTH NO. **FILED JAN 21 1954** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **23**

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

1. PLACE OF DEATH a. COUNTY <b>Peniscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Peniscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peniscot Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Dillman Apartments</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Letner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 3 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept. 6, 1889</b>		9. AGE (In years last birthday) <b>64</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cars</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wardell, Missouri</b>	

13a. FATHER'S NAME <b>Andrew Letner</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Bussell</b>		14. NAME OF HUSBAND OR WIFE <b>Willa Knight Letner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Willa Letner Caruthersville, Mo.</b>	

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>		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>—</b> DUE TO (c) <b>—</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>—</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1561</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Caruthersville Peniscot Mo.</b>		
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 **12-31-1953**, to **1-3-1954**, and that I last saw the deceased alive on **1-3-1954**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. W. Cook M.D.</b>		23b. ADDRESS <b>Caruthersville Mo</b>		23c. DATE SIGNED <b>1-7-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 5, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>1-8-54</b>		REGISTRAR'S SIGNATURE <b>John W. German</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.S. Smith Funeral Home C'ville, Mo.</b>	
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1-1-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 18 1954

JAN 21 1954

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 W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.