

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27252

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5971</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marion</u>		c. LENGTH OF STAY (in this place) <u>67 yrs</u>		c. CITY OR TOWN <u>Bolivar</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in the home</u>				• STREET ADDRESS (If rural, give location) <u>Rural- Marion</u> <u>0840</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Frank</u>		c. (Last) <u>Lyttle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6, 1955</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>April 6, 1888</u>		9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Baptist Preacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dr. James A. Lyttle</u>			13b. MOTHER'S MAIDEN NAME <u>McKinney</u>		14. NAME OF HUSBAND OR WIFE <u>Jewell Lyttle</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>432-66-7347</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jewell Lyttle, Bolivar, 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.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>						3 yrs.
	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>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>July</u> , 1954, to <u>Sept 6</u> , 1955, that I last saw the deceased alive on <u>Sept 2</u> , 1955, and that death occurred at <u>6:10 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Barnett M.D.</u>				23b. ADDRESS <u>Bolivar Mo</u>		23c. DATE SIGNED <u>9-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Polk Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 9, 1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Stridaper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pitts Funeral Home-Bolivar, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10 1938

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 *Sidney J. Pitts*

Licensed Embalmer No. *49*

P. O. Address *Bolivar,*

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.