No. 300
10.48

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

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3996

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 811 High Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN Fulton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 811 High St.

0143

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Litel
c. (Last) Litel

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 14, 1887
9. AGE (In years last birthday) 68 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Employee
10b. KIND OF BUSINESS OR INDUSTRY State Hosp.
11. BIRTHPLACE (City and State or Foreign Country) Pittsburg Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Litel
13b. MOTHER'S MAIDEN NAME Hanna Patton
14. NAME OF HUSBAND OR WIFE May Litel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487 18 0484
17. INFORMANT'S SIGNATURE OR NAME May Litel **ADDRESS** Fulton Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH 30 min.

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 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
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 12:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE Henry A. Clement (Degree or title) Coroner
23b. ADDRESS Fulton Mo
23c. DATE SIGNED 2/14/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/15/56
24c. NAME OF CEMETERY OR CREMATORY Callaway emorial Gard.
24d. LOCATION (City, town, or county) (State) Fulton Mo.

DATE REC'D BY LOCAL REG. Feb. 18-1956
REGISTRAR'S SIGNATURE Marietta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home **ADDRESS** Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. T. Rosson

Licensed Embalmer No. 2555

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.