

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8271

BIRTH NO. 13153-56 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Qulin-3 mi. East		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Rural-Qulin 3 miles East	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route One-Qulin		d. STREET ADDRESS (If rural, give location) Route one-Qulin	
3. NAME OF DECEASED (Type or Print) a. (First) Marilyn b. (Middle) Jane c. (Last) Lytle		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 22, 1956
9. AGE (In years last birthday) 9	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City, and State or Foreign Country) Missouri Qulin Route one
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George H. Lytle	
13b. MOTHER'S MAIDEN NAME Minnie Foster		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME George H. Lytle		ADDRESS Qulin, Missouri R. 3	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Colitis 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"/>		7640	
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)	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 at about 12:30 , from the causes and on the date stated above.			
23a. SIGNATURE George W. Hen		23b. ADDRESS Poplar Bluffs	23c. DATE SIGNED 4/5-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 1, '56	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery
24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	
DATE RECD BY LOCAL REG. 4/6/56		ADDRESS Funeral Home C'ville. Mo.	

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

RECEIVED

APR 9 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

ROYAL

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. Dewey Jike

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.