

Health, Welfare and Public Service
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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1957

STATE FILE NUMBER **4234**

Registration District No. 114 Primary Registration District No. 418E Registrar's No. 9

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD						
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BOURBON 0280		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) NORTH Side Hosp.			Length of stay in hospital 3 WKS.	d. STREET ADDRESS (If outside, give location) Gen Delivery			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) JENNIE MAY LITRELL				First	Middle	Last	4. DATE OF DEATH Feb 17 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 11, 1891		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 6 Days 8	IF UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) SUMNER ILL. I			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME LEE SUMNER				14. MOTHER'S MAIDEN NAME ALTA ROBERTS						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Wilson LITRELL, BOURBON, MO						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 1 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebral Thrombosis Recurrent					1 month.			
		DUE TO (c) Atherosclerotic Cardio-Vascular Disease					Years.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4221							
20c. TIME OF INJURY Hour 12:30 Month, Day, Year Feb 17 1957 a. m. PM p. m.										
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from August 1953 to February 17 1957 and last saw her/him alive on Feb 17 1957 Death occurred at 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Robert E. Crawford M.D.				(Degree or title)		22b. ADDRESS Sullivan Missouri		22c. DATE SIGNED Feb 19 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)			
BURIAL		FEB. 19 1957	LEASBURG CEM.		LEASBURG		MO.			
24. FUNERAL DIRECTOR Amelator Sullivan, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 2-17-57		26. REGISTRAR'S SIGNATURE Thomas G. Humphrey				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 28 1957

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 *J. A. Humphrey*.....

Licensed Embalmer No. *477*

P. O. Address *Sealton*

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