

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 20 1960

=60-014426

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Callaway b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Length of stay in 1b 12 Wks. c. CITY OR TOWN Mokane Inside Limits Yes [X] No [] d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes [X] No []

3. NAME OF DECEASED (Type or print) First Middle Last Mary Ellen Litel 4. DATE OF DEATH Month Day Year April 3, 1960

5. SEX Female 6. COLOR OR RACE White 7. Married [X] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 4-4-1885 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housework 11. BIRTHPLACE (City and state or country) Hams Prairie, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jacob Frey 13b. MOTHER'S MAIDEN NAME Emma Powell 14. NAME OF HUSBAND OR WIFE T.P. 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. None 17. INFORMANT Address T. P. Litel Mokane, 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) Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH 3 mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Ultrastructural Ca - Site of primary? 5 mo.

19. WAS AUTOPSY PERFORMED? YES [] NO [X] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 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 1950 to Death and last saw her alive on 4-3-60 Death occurred at 430 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 6, 1960 23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gdns. 23d. LOCATION (City, town, or county) Callaway County, Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall B. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fulton, M

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.