

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-002270

STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. \_\_\_\_\_ Registrar's No. 2

|                                                                                                         |  |                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MARION</u>                                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>MONROE CITY</u>                 |  | c. CITY OR TOWN <u>MONROE CITY</u>                                                                                                        |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>U.S.A. HIGHWAY 36</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>301A E. LAWN</u>                                                                      |  |

|                                                                                                                |                                  |                                                                                                                                                             |                                                                     |                                                                        |                                            |                                              |
|----------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>JATAN</u> Middle <u>LEO</u> Last <u>LITRELL</u>                |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <u>JAN</u> Day <u>10</u> Year <u>1961</u> |                                                                        |                                            |                                              |
| 5. SEX<br><u>MALE</u>                                                                                          | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4-29-1940</u>                                | 9. AGE (last birthday)<br><u>20</u>                                    | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Salesman</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Appliances</u>                                                                                                      |                                                                     | 11. BIRTHPLACE (City and state or country)<br><u>MONROE COUNTY, MO</u> |                                            | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
| 13a. FATHER'S NAME<br><u>EDDIE L. LITRELL</u>                                                                  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>LENNA KEITH</u>                                                                                                             |                                                                     | 14. NAME OF HUSBAND OR WIFE<br><u>JOYCE ANN LITRELL</u>                |                                            |                                              |

|                                                                         |                               |                                                       |               |
|-------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT<br><u>E. L. Litrell Monroe City, Mo</u> | Address _____ |
|-------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------|---------------|

|                                                                                                          |                                                   |                                  |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                                   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Laceration of brain</u>                                                           | DUE TO (b) <u>Compound fracture occiput, left</u> | <u>immediate</u>                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (c) _____                                  | <u>immediate</u>                 |

|                                                                                                                                   |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                               |                                                                                                                      |                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>             | 20a. ACCIDENT <input checked="" 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.)<br><u>In a car which hit a tree, the car had</u> |
| 20c. TIME OF INJURY<br>Hour <u>2:05</u> a.m. _____ p.m. _____<br>Month, Day, Year <u>1 10 61</u>              | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    |                                                                                                                                               |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway 36</u> | 20f. CITY, TOWN, OR LOCATION<br><u>Monroe City</u>                                                                   | COUNTY <u>Marion</u> STATE <u>Mo</u>                                                                                                          |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at ABOUT 2.05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|                                             |                                     |                                    |                                    |
|---------------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>Henry Sweet Jr M.D</u> | (Degree or title)<br><u>Coroner</u> | 22b. ADDRESS<br><u>Hannibal Mo</u> | 22c. DATE SIGNED<br><u>1-11-61</u> |
|---------------------------------------------|-------------------------------------|------------------------------------|------------------------------------|

|                                                            |                               |                                                                   |                                                                               |
|------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>1-12-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Holly Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Monroe City, Missouri</u> |
|------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------|

|                                             |                                   |                                                |                                                                   |
|---------------------------------------------|-----------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| 24. FUNERAL DIRECTOR<br><u>Nelson Jones</u> | ADDRESS<br><u>Monroe City, Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>1-13-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Dr. E. M. Lucke, by Viola Lee</u> |
|---------------------------------------------|-----------------------------------|------------------------------------------------|-------------------------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Apert

JAN 31 1961

APR 28 1961

**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 me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leslie L. Nelson \_\_\_\_\_

Licensed Embalmer No. 3014 \_\_\_\_\_

P. O. Address Minneapolis, MN \_\_\_\_\_

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.