

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008143

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5316 Registrar's No. 37

AMENDED

FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clear Creek Twp.</u>		Length of stay in 1b <u>16 yrs</u>		c. CITY OR TOWN <u>Pilot Grove</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD Pilot Grove, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>RFD</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>JOSEPH W.</u> Last <u>LITTEKEN</u>				4. DATE OF DEATH Month <u>March</u> Day <u>18,</u> Year <u>1961</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/17/79</u>		9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>George Litteken</u>				13b. MOTHER'S MAIDEN NAME <u>Christine Westerman</u>				14. NAME OF HUSBAND OR WIFE <u>Clara Weber Litteken</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT Address <u>Mrs Clara Litteken RFD P. Grove,</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>										INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>										30 yrs -			
DUE TO (c) _____													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year <u> </u> <u> </u> <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan 1961</u> to <u>Mar. 1961</u> and last saw him alive on <u>18 March 61</u> Death occurred at <u>9:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Clarence J. Frieden MD</u> (Degree or title)						22b. ADDRESS <u>Pilot Grove, Mo</u>			22c. DATE SIGNED <u>3.20.61</u>				
23a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/22/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>RFD Pilot Grove, Mo.</u>					
24. FUNERAL DIRECTOR <u>B. W. Thacher</u> ADDRESS <u>Boonville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3/20/61</u>				26. REGISTRAR'S SIGNATURE <u>DB Hooper</u>					

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Berry W. Hooper

Licensed Embalmer No. 3944

P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.