

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4395**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Da de</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Da de</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood, Mo.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Jos eph</b>	b. (Middle) <b>Morgan</b>	c. (Last) <b>Litle</b>	4. DATE OF DEATH (Month) <b>Feb</b> (Day) <b>20</b> (Year) <b>1949</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 30, 1862</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Days <b>2</b>	IF UNDER 1 HRS. Hours <b></b>	IF UNDER 1 HRS. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Virg.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>James Litle</b>	13b. MOTHER'S MAIDEN NAME <b>Miranda McFerson</b>	14. NAME OF HUSBAND OR WIFE <b>Roberta Hayward Litle</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>8</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Golden Smith Lockwood, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>Hypertension 232+</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **2-2**, 1949, to **2-2**, 1949 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>T. D. Combs</b> (Degree or title)	23b. ADDRESS <b>Lockwood, Mo.</b>	23c. DATE SIGNED <b>2-3-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 3, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lockwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lockwood, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-4-49</b>	REGISTRAR'S SIGNATURE <b>Geo. H. Weir</b> <b>790</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.R. Allison Greenfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48  
29

RECEIVED

District Health Officer No. 6:

District File Number.....

Date Filed.....

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. 30

working under my personal supervision.

Student Geo. W. Newcomb  
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greensfield, Mass.

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.