

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5618A STATE FILE NUMBER 13

DELAYED

FILED JUN 26 1959

Registration District No. 237 Primary Registration District No. 4353 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY OR TOWN <i>Gideon</i> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Gideon</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First <i>Snack</i> Middle Last <i>Little</i>			4. DATE OF DEATH Month <i>2</i> Day <i>8</i> Year <i>49</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-21-1906</i>	9. AGE (In years last birthday) <i>42</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>12</i>	IF UNDER 24 HRS. Hours <i>12</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>lumber</i>	11. BIRTHPLACE (City and state or country) <i>Tenn.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Bill Little</i>	13b. MOTHER'S MAIDEN NAME <i>nancy mesterson</i>	14. NAME OF SPOUSE OR WIFE <i>Pearl Anderson</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>49-18-5346</i>	17. INFORMANT <i>WIDOW GIDEON, Mo</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho Spenic Carcinome</i>		INTERVAL BETWEEN ONSET AND DEATH <i>16 mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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.)
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20c. TIME OF INJURY Hour <i>3:45</i> a.m. <i>p.m.</i> Month, Day, Year	
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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 <i>GIDEON, MO</i>	COUNTY	STATE
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21. I attended the deceased from <i>1-4-48</i> , to <i>2-8-49</i> and last saw him alive on <i>2-3-49</i> Death occurred at <i>3:45 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>F. G. Hopkins, MD</i>	22b. ADDRESS <i>GIDEON, MO</i>	22c. DATE SIGNED <i>6-16-59</i>
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23a. BURIAL, CREMATION, REBURIAL (Specify) <i>Burial</i>	23b. DATE <i>2-10-49</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Stangfield Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Clarkton, Mo.</i>
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24. FUNERAL DIRECTOR <i>Lloyd Russell Figgott</i>	25. DATE RECD. BY LOCAL REG. <i>6-18-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs F G Hopkins</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED JUN 23 1959
NEW MADRID CO. HEALTH CENTER
P. J. S.

VS
JUN 29 1959

VS JUN 29 1959

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 Lloyd Russell.....
Licensed Embalmer No. 509-6
P. O. Address Ingatt, Ar

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.