

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

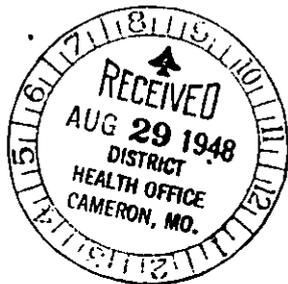
State File No. 27443
Registrar's No. 55

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 577

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Lineville Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Lineville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Charles Sidney Little			4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) Putnam County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. G. Little		13b. MOTHER'S MAIDEN NAME Lucy A. Dailey	14. NAME OF HUSBAND OR WIFE Cora Little
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Little
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>dementia & debilitation</u> ANTECEDENT CAUSES DUE TO (b) <u>hemorrhages due to medullary</u> DUE TO (c) <u>Carcinoma of stomach and surrounding structures</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 8 months 157X	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 10</u> , 19 <u>47</u> , to <u>Aug 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 12</u> , 19 <u>49</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Geo. J. Hawson M.D.</u>		23b. ADDRESS <u>Merced, Mo</u>	23c. DATE SIGNED <u>8-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>Aug. 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lineville Iowa</u>
DATE REC'D BY LOCAL REG. <u>8-24-49</u>	REGISTRAR'S SIGNATURE <u>on J. R. ...</u>	395 FUNERAL DIRECTOR'S SIGNATURE <u>... Lineville Ia.</u>	ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORDS

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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, only.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

James L. Grumble

Signed.....
Student Embalmer

Licensed Embalmer No. 3967

P. O. Address Linnville Tenn

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.