

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37781**

BIRTH NO. _____ REG. DIST. NO. 1105 PRIMARY REG. DIST. NO. 4257 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beeton</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 1</u>			

3. NAME OF DECEASED a. (First) <u>Maude</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Little</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 19, 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dr. of O</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
13a. FATHER'S NAME <u>Richard E. Hammer</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Vandover</u>	
14. NAME OF HUSBAND OR WIFE <u>Dr. William T. Little, Beeton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Farris Hammer, Springfield, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Thrombosis -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>June - 1949</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1/20/1</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	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 June 3-, 1949, to 11-23-, 1949, that I last saw the deceased alive on 11-23- 1949, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Beeton, Missouri</u>	23c. DATE SIGNED <u>11-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-25-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
24d. LOCATION (City, town, or county) <u>Willow Springs, Missouri</u>	24e. (State) _____	
DATE REC'D BY LOCAL REG. <u>11-26-49</u>	REGISTRAR'S SIGNATURE <u>Mamie D. Hankler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Brauning</u> ADDRESS <u>Waverburg, Mo.</u>

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DEC 7 1949
JOHNSON COUNTY HEALTH DEPT.

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

Elmer D. Fijeleth

Student Embalmer No. *340*

working under my personal supervision.

Student

Elmer D. Fijeleth
Student Embalmer

Signed

R. B. Bauninger

Licensed Embalmer No. *3377*

P. O. Address *Waverburg, 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 this body is not embalmed, fact should be so stated above.