

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1254
299

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 28 yrs		d. STREET ADDRESS (If rural, give location) 1217 - Topping 380	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1217 - Topping			
3. NAME OF DECEASED a. (First) JOHN (Type or Print)		b. (Middle) T	
c. (Last) LITTLE JR		4. DATE OF DEATH (Month) (Day) (Year) 1-18-50	
5. SEX M		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 8-6-1900	
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days	
IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		10b. KIND OF BUSINESS OR INDUSTRY Structural Steel	
11. BIRTHPLACE (State or foreign country) Herington Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John J. Little		13b. MOTHER'S MAIDEN NAME Mand Stephenson	
14. NAME OF HUSBAND OR WIFE Mary Alderson Little			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 886-05-1808	
17. INFORMANT'S SIGNATURE OR NAME Mary Little		ADDRESS 1217 - Topping	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Collapse Acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Myocardial infarction 2. 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 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Minute)		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 1-16, 1950, to 1-18, 1950, that I last saw the deceased alive on 1-16, 1950, and that death occurred at 6 pm, from the causes and on the date stated above.			
23a. SIGNATURE Earl Van Jones (Degree or title)		23b. ADDRESS 3600 E. 80th	
23c. DATE SIGNED 1-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-50	
24c. NAME OF CEMETERY OR CREMATORY Mt. Washburn		24d. LOCATION (City, town, or county) KC Mo	
DATE REC'D BY LOCAL REG. 1-20-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FEDERAL DIRECTOR'S SIGNATURE		ADDRESS	

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

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

Student Embalmer

Signed.....

Charles E. Mayfield

Licensed Embalmer No. *4638*

P. O. Address *K.R. 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.