

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30926
Registrar's No. 73

FILED OCT 11 1950

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3835

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

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1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>18th & Main Sts.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BURTIS</u> b. (Middle) <u>MOGEE</u> c. (Last) <u>LITTLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 21, 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>8</u> DAYS <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial Banking</u>		11. BIRTHPLACE (State or foreign country) <u>Harrisonville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Geo. D. Little</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Mary L. Gibson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B.M. Little Jr., Lexington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		DUE TO (b) <u>arteriosclerosis</u>			<u>July 1949</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Chronic myocarditis</u>			<u>4221</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		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) <u>--</u>		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 July, 1949, to Oct. 3, 1950, that I last saw the deceased alive on Oct. 3, 1950, and that death occurred at 2:30 P.M. on the causes and on the date stated above.

23a. SIGNATURE <u>Ben H. Brasler M.D.</u> (Degree or title)		23b. ADDRESS <u>Lexington, Missouri</u>		23c. DATE SIGNED <u>10/4/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Oct. 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Missouri E. Eastbrook</u>		156 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>David T. Tenzel Lexington</u>	
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RECEIVED 10-10-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-10-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *L. M. Keane*

Signed.....
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Delmont, Pa.*

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.