

FILED JAN 18 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 391

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton
c. LENGTH OF STAY (In this place) 9 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Shoaf Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton
d. STREET ADDRESS (If rural, give location) Shoaf Convalescent Home

3. NAME OF DECEASED
a. (First) EDDIE b. (Middle) MACK c. (Last) LITTLE

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 6, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 14, 1861

9. AGE (In years last birthday) 89
IF UNDER 1 YEAR Days 3
IF UNDER 24 HOURS Hours 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (State or foreign country) Boone County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John D. Little

13b. MOTHER'S MAIDEN NAME Jane Stone

14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Kincade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME Mrs. W.E. Dolen, Columbia, Mo. ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis
ANTECEDENT CAUSES Myocarditis
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Nov 28, 1950, to only one visit, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Fulton Mo

23c. DATE SIGNED Jan 11-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 9, 1951

24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery

24d. LOCATION (City, town, or county) (State) Columbia, Mo.

DATE REC'D BY LOCAL REG. Jan-13-1951

REGISTRAR'S SIGNATURE [Signature] 426

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Parker Funeral Service, Columbia, Mo.

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

143
4

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

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 Thas L. Basing

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.