

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9657

870

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

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Center Township)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0870</u> OR TOWN <u>Rural (Center Township)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Center Mo. R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>John</u>	b. (Middle) <u>Amos</u>	c. (Last) <u>Littell.</u>	(Month) <u>March,</u>	(Day) <u>23,</u>	(Year) <u>1951</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>June, 17, 1876</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR <u>9</u> Months	11. UNDER 15 MIN. <u>65</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Amos Littell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Fanning</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie Mae Venoy</u>
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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>Mrs Mattie Mae Littell</u>	ADDRESS <u>Center, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1Hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES 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.		<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 19, 1951, to March 23, 1951, that I last saw the deceased alive on March 29, 1951, and that death occurred at 1:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>P. E. Suter</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Perry, Missouri.</u>	23c. DATE SIGNED <u>3-24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plesant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Ralls Co, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>3-24-1951</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilbey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilbey</u> ADDRESS <u>Perry, Mo.</u>
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Date Received: **MAR 27 1951**
DISTRICT HEALTH OFFICE #2
District File Number *3-51-6*
Date Filed: **MAR 28 1951**

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.....
Student Embalmer

Signed *Clyde C. Wilkey*

Licensed Embalmer No *3829*

P. O. Address *Perry, 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.