

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11624**
Registrar's No. **484**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leon Nursing Home 624 Prospect		d. STREET ADDRESS (If rural, give location) 2023 South 20th	
3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Mae c. (Last) Little			4. DATE OF DEATH (Month) (Day) (Year) April 30 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Jones Co. Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.A.	
13a. FATHER'S NAME Samuel Barnhill		13b. MOTHER'S MAIDEN NAME Marha Manes	14. NAME OF HUSBAND OR WIFE Charles Little
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.C. Little 2023 So. 20th
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Sensibility II. 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	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)	331X
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 4/11 19 51 , to 4/30 , 19 51 , that I last saw the deceased alive on 4/27 , 19 51 , and that death occurred at 10:45 hr. , from the causes and on the date stated above.			
23a. SIGNATURE Leon C. Benson (Degree or title) M.D.		23b. ADDRESS 2023 My Sing Blv	23c. DATE SIGNED 5/1/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Blanchard Cemetery	24d. LOCATION (City, town, or county) (State) Blanchard Iowa
DATE REC'D BY LOCAL REG. May 7, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Anderson	ADDRESS 1802 Union St.

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

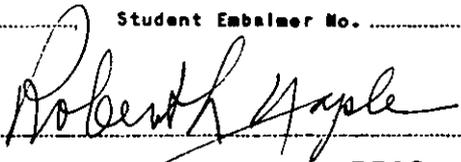
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STATEMENT BY LICENSED EMBALMER

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.

Signed.....
Student Embalmer

Signed..... .....

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.