

FILED SEP 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26154

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> c. LENGTH OF STAY (In this place) <u>XXX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> d. STREET ADDRESS (If rural, give location) <u>434 South Jenkins</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BUFORD</u> b. (Middle) <u>BROWN</u> c. (Last) <u>LITTLRELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-30-51</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>11-5-1869</u>	9. AGE (In years) (last birthday) <u>81</u>	10. UNDER 1 YEAR (Days) <u>9</u>	11. UNDER 10 HRS. (Hours) <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Littrell</u>	13b. MOTHER'S MAIDEN NAME <u>Manda Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Vance</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. B. Littrell</u> ADDRESS <u>Centralia, Mo.</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>skull fracture</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		E802X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>010 '35</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centralia Boone MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 30 51 9:02</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>struck by train</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph H. Morgenthau Magistrate</u>	23b. ADDRESS <u>Columbia, MO</u>	23c. DATE SIGNED <u>Sept 1-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Sept. 1-1951</u>	REGISTRAR'S SIGNATURE <u>Maud McBrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill G. Heald</u> ADDRESS <u>Centralia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51

SEP 14 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 _____

Bill J. Meador

working under my personal supervision.

Student Embalmer No. *406*

Signed *Bill J. Meador*
Student Embalmer

Signed *Lois M. Meador*

Licensed Embalmer No. *4855*

P. O. Address *Centralia, 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.