

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8454

State File No.

1346

FILED APR 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

| | | | | | | |
|--|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (In this place) 27 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4215 Oak | | | d. STREET ADDRESS (If rural, give location) 4215 Oak | | | |
| 3. NAME OF DECEASED (Type or Print) FRED | | a. (First) | b. (Middle) A. | c. (Last) LITTELL | 4. DATE OF DEATH (Month) (Day) (Year) 3 21 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 11, 1869 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Civil Engineer | | 11. BIRTHPLACE (State or foreign country) Jackson County, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Henry Littell | | 13b. MOTHER'S MAIDEN NAME Amanda Summers | | 14. NAME OF HUSBAND OR WIFE Nellie Ellen Littells | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 18. SOCIAL SECURITY NO. 499-07-4166A | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nellie Littell, 4215 Oak St. | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Myocardial Insufficiency Arterial Hypertension Hemiplegia (Right) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | INTERVAL BETWEEN ONSET AND DEATH 7 years 7 years 443X 1 week |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION None | | | | 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) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 23, 1946, to March 21, 1952 , that I last saw the deceased alive on March 19, 1952 , and that death occurred at 9:45 A.M. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE Kenneth A. Davis (Degree or title) Kenneth G. Davis, M.D. | | | 23b. ADDRESS 201 Plaza Theater Bldg. Kansas City, Mo. DATE SIGNED 3-21-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/24/52 | 24c. NAME OF CEMETERY OR CREMATORY Elmwood | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | | |
| DATE REC'D BY LOCAL REG. 3-22-52 | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO. | | | |

Dr. Howard H. Harris - do 1109
Plaza Montre Bldg.

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

Rayton K. Barnes

Signed.....
Student Embalmer

Licensed Embalmer No. 4793

P. O. Address K.C., 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.