S. No. 300
v. 10-48

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

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20136

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 660

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene 0396
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0
d. STREET ADDRESS (If rural, give location): 928 E. Grand

3. NAME OF DECEASED (Type or Print)
a. (First): STELLA
b. (Middle):
c. (Last): LITTLE

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1952

5. SEX: Female 1
6. COLOR OR RACE: White v
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 4, 1888
9. AGE (In years last birthday): 64 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Christian County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John Kerr
13b. MOTHER'S MAIDEN NAME: Mary -------
14. NAME OF HUSBAND OR WIFE: Unknown

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: Mrs. Earl Ellis Tulsa, Okla.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: several years

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. Healed bacterial endocarditis several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5810
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* July, 1950, *to* 7-3, 1952, *that I last saw the deceased alive on* 7-2, 1952, *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Homer C. Marshall, M.D.
23b. ADDRESS: Professional Bldg.
23c. DATE SIGNED: 7-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: July 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Wise Hill
24d. LOCATION (City, town, or county) (State): Near Clever, Missouri

DATE REC'D BY LOCAL REG.: 7-11-52
REGISTRAR'S SIGNATURE: Edith Williamson by Bernice Medley
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jewell E. Windle Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

marshal

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.

Student .....
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, M

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.