

24545

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10-48

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3224

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 OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 35 yrs.		c. CITY OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 3643 Wyandotte 3488							
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Stockyards Co.													
3. NAME OF DECEASED (Type or Print) a. (First) Floyd			b. (Middle) F.		c. (Last) Littrell		4. DATE OF DEATH (Month) (Day) (Year) 7-15-52						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-25-1899		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY K.C. Stockyards Co.		11. BIRTHPLACE (City and State or Foreign Country) Waverly, Kansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Nathan Littrell				13b. MOTHER'S MAIDEN NAME Melissa Belle Engels				14. NAME OF HUSBAND OR WIFE Belle Littrell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16. SOCIAL SECURITY NO. (If yes, give war or date of service) WW # 1 495-10-2079		17. INFORMANT'S SIGNATURE OR NAME Mrs. Belle Littrell				ADDRESS 3643 Wyandotte			
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* (a) Cerebral hemorrhage ANTECEDENT CAUSES Carbo-vascular disease 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.								INTERVAL BETWEEN ONSET AND DEATH 331X	
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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 1-20, 1949 , to 6-23, 1952 , that I last saw the deceased alive on 6-23, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE Frank J. Koenig, M.D. (Degree or title)						23b. ADDRESS 1300 Professional Bldg 5c mo.				23c. DATE SIGNED 7-16-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-17-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah				24d. LOCATION (City, town, or county) (State) Kansas City Missouri					
DATE REC'D BY LOCAL REG. 7-16-52		REGISTRAR'S SIGNATURE Geraldine Halmer				25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylor				ADDRESS K.C. Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

3

Dr. Koenig

2:30 Wed.

Littrell

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City 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.