

S. No. 300
v. 10.48

JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 872

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Watkins	c. LENGTH OF STAY (Specify) 20 yrs	c. CITY OR TOWN Rural 0330	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 12-miles west of Salem	

3. NAME OF DECEASED (Type or Print)	a. (First) Theodosia	b. (Middle) E.	c. (Last) Little	4. DATE OF DEATH	Jan- 19- 1953
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 24-1868	9. AGE (In years (Specify birthday) Months Days Hours Min. 86	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Cedar County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S
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13a. FATHER'S NAME A. J. Arant	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE A. J. Little
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service)	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME L. E. Turnes	ADDRESS Salem Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/27, 1953, to 1/18, 1953, that I last saw the deceased alive on 1/18, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Ray E. Mitchell, M.D.</i> (Degree or title)	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 1/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-20-53	24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie	24d. LOCATION (City, town, or county) (State) Cedar County Mo.
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DATE REC'D BY LOCAL REG. 1-19-53	REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Jensen</i> ADDRESS Salem Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

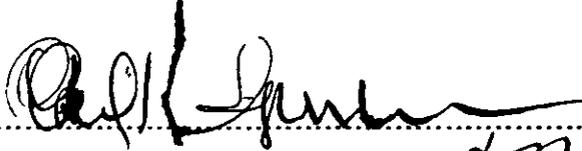
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MAR 25 1953

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 232

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.