

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9952

State File No. 1179

1179

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1179	
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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 3311 Euclid 3548	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3311 Euclid		3. NAME OF DECEASED a. (First) Cara (Type or Print)		b. (Middle) Myrtle		c. (Last) Little	
5. SEX /		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		4. DATE OF DEATH (Month) (Day) (Year) 2 24 53	
8. DATE OF BIRTH 9-24-77		9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME B. H. Hayes		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE R. E. Little		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 Mrs. Mary Shope 3311 Euclid, K.C. Mo.	
17. ADDRESS		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.					
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cervical insufficiency</i>				INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General Arterio Sclerosis</i> <i>Cerebral Vasomotor disease</i>				DUE TO (c) <i>Has been an out patient of U.C. General Hospital since leaving for military service.</i>	
18. CAUSE OF DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
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)		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <i>Feb 27</i> , 1953, to <i>Feb 27</i> , 1953, that I last saw the deceased alive on <i>Feb 24</i> , 1953, and that death occurred at <i>7:05 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Terry E. Kelly</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>807 Angelle Bldg.</i>		23c. DATE SIGNED <i>2/24/53</i>	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 2-27-53		24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery		24d. LOCATION (City, town, or county) (State) Belton, Missouri	
DATE REC'D BY LOCAL REG. 2-26-53		REGISTRAR'S SIGNATURE <i>Heraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. E. George</i>		ADDRESS George & Sons Inc, Belton, Mo.	

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

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 Richard E. Geary

Licensed Embalmer No. 3958

P. O. Address Bella, 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.