

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25304**

State File No. \_\_\_\_\_

FILED AUG 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 3026 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY <u>Lakeston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence 7005</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106-S. Pearl-st</u>		d. STREET ADDRESS (If rural, give location) <u>106-S. Pearl-st.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beatrice</u> b. (Middle) <u>-</u> c. (Last) <u>LYTTL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 4, 1909</u>	9. AGE (In years) (last birthday) <u>44 yrs</u>	9. AGE (In years) (if under 1 year) (Month) (Day) (Year) (if under 24 hrs.) (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indep., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis LITTLE</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>None - Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>2497-26-2394</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susie Pelligrew</u> ADDRESS <u>106-S. Pearl</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Plumy with Effusion</u>		
	DUE TO (c)		
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 <u>0031</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>1612 E 12th</u>	23c. DATE SIGNED <u>8/4/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodtown Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Indep., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 6-19 53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1415 E. Truman</u>
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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 *Landis H. Jackson*

Licensed Embalmer No. *4850*

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.