

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43633

State File No. _____

FILED JAN 4 - 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u>	
b. CITY OR TOWN <u>HANNIBAL</u>	c. LENGTH OF STAY (in this place) <u>30 MIN</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>215 E. LAWN</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ARCHIE</u>	b. (Middle) <u>LEO</u>	c. (Last) <u>LITTLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 19 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 22 1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>PAINTER (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Buildings</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rolls County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ISAAC LITTLE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Jane UNDERHILL</u>	14. NAME OF HUSBAND OR WIFE <u>Gressa Little</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>494-38-3878</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marion Little</u> ADDRESS <u>23070 S. Main St. Hannibal</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DIABETIC COMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> <u>10 YEARS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DIABETES MELLITUS</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>260x</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from SEPT 9, 1946 to DEC 19, 1953, that I last saw the deceased alive on DEC 19, 1953, and that death occurred at 12:07 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Hagg</u> (Degree or title)	23b. ADDRESS <u>Marion, Mo</u>	23c. DATE SIGNED <u>12/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>MONROE CITY, MO</u>
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DATE REC'D BY LOCAL REG. <u>12-23-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Tucker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Son's</u> ADDRESS <u>Monroe City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 29 1953
MARION CO. HEALTH DEPT.
DATE FILE DEC 29 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 ML

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leah L. Wilson

Licensed Embalmer No. 3014

P. O. Address Marion Co. 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.