

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

8787

State File No.

935

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) <p align="center">3 Wks.</p>		c. CITY OR TOWN <p align="center">Independence</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">General Hospital #2</p>					
e. STREET ADDRESS (If rural, give location) <p align="center">145 East Farmer 7003/1</p>					

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Arthur</p>			b. (Middle)			c. (Last) <p align="center">Little LITTLE</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">2 26 1954</p>			
5. SEX <p align="center">Male 2</p>		6. COLOR OR RACE <p align="center">C. C.</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Single</p>		8. DATE OF BIRTH <p align="center">Jan 24 1903</p>			9. AGE (In years last birthday) <p align="center">52 yrs</p>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">None</p>	
10a. USUAL OCCUPATION				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Independence, Mo.</p>				
12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>				13a. FATHER'S NAME <p align="center">Joseph Little</p>				13b. MOTHER'S MAIDEN NAME <p align="center">Jallie Hamilton</p>				
14. NAME OF HUSBAND OR WIFE <p align="center">None</p>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <p align="center">No</p>				16. SOCIAL SECURITY NO. <p align="center">K 44-3441-101</p>				
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <p align="center">Louise I RWIN 500 W. Nettleton</p>												

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Hypertensive Heart Disease</p>								INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>									
				DUE TO (b) _____									
				DUE TO (c) _____									
				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								443X	

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)				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 2-8-54 1954, to 2-26-54 1954, that I last saw the deceased alive on 2-28-54 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">E. Frank Ellis</p>				(Degree or title)				23b. ADDRESS <p align="center">MD 600 East 22nd Street</p>				23c. DATE SIGNED <p align="center">3-1-54</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <p align="center">MARCH 4, 1954</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Woodlawn</p>				24d. LOCATION (City, town, or county) (State) <p align="center">Independence, Mo.</p>					
DATE REC'D BY LOCAL REG. <p align="center">3-2-54</p>				REGISTRAR'S SIGNATURE <p align="center">Seraldine Smith</p>				25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Lela Davis</p>				ADDRESS <p align="center">1415 E. TRUMAN ST.</p>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Landis H. Jacks*.....

Licensed Embalmer No. *48*.....

P. O. Address *K. C. M.*.....

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.