No. 300
10.48

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15150

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY: Cape Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S.F. Hospt Cape Girardeau

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miss
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bertrand, Mo 0670
d. STREET ADDRESS (If rural, give location): R.F.D. #1 1

3. NAME OF DECEASED (Type or Print)
a. (First): LLOYD
b. (Middle):
c. (Last): Little

4. DATE OF DEATH (Month) (Day) (Year): 4 29 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 12/22/48
9. AGE (In years last birthday): 5 — If under 1 year: Months 4, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Goal Little
13b. MOTHER'S MAIDEN NAME: Mary Chamion
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Goal Little R#1 Bertrand, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hydronephrosis — 1 year plus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Adrenal Cortical atrophy 601 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Hydronephrosis, rt., massive
20. AUTOPSY? YES [X] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 21 APR., 1954, *to* 29 APR., 1954, *that I last saw the deceased alive on* 29 APR, 1954, *and that death occurred at* 1.20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James A. Kinder — (Degree or title): MD
23b. ADDRESS: Cape Girardeau, MO.
23c. DATE SIGNED: 8 May 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/1/54
24c. NAME OF CEMETERY OR CREMATORY: Dog Wood Cemm
24d. LOCATION (City, town, or county) (State): R.F.D. #1 Bertrand, Mo

DATE REC'D BY LOCAL REG.: 5-10-54
REGISTRAR'S SIGNATURE: 44-0 C. C. Summers
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wm. James Sikeston Mo

(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 .....
Student Embalmer

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Edgerton W

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.