

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28682**

FILED SEP 7 1954

BIRTH NO. _____		REG. DIST. NO. 308		PRIMARY REG. DIST. NO. 6049		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FennOsage		c. LENGTH OF STAY (In this place) 7 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN QUINCY		81208	
d. FULL NAME OF HOSPITAL OR INSTITUTION FennOsage Mo.				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Raymond Elmer		b. (Middle) Ray		c. (Last) Littleton		4. DATE OF DEATH (Month) (Day) (Year) Aug, 27- 54	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH Dec. 9, 1908	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 8 Days 7		IF UNDER 1 HR. Hours 78 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) metal worker		10b. KIND OF BUSINESS OR INDUSTRY METAL WORKER		11. BIRTHPLACE (City and State or Foreign Country) Loraine, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elmer M. Littleton		13b. MOTHER'S MAIDEN NAME Ella Rae Miller		14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 6 yrs. in Army-		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Blance Leabig		ADDRESS Augusta, MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) NO WAR SERVICE		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUPLICATE TO (b) Gunshot wound self inflicted					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) By 410 shot gun.					
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 _____		E976 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) FennOsage St. Charles Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 27- 11:12 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gun Shot self in inflicted			
22. I hereby certify that I attended the deceased from held inquest August 28, 1954 , 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 (Degree or title) Marie Muschany Curran				23b. ADDRESS Wentzville, Mo		23c. DATE SIGNED Aug, 28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 31-54		24c. NAME OF CEMETERY OR CREMATORY Quincy Ill		24d. LOCATION (City, town, or county) (State) Quincy Ill	
DATE REC'D BY LOCAL REG. Aug 29 1954		REGISTRAR'S SIGNATURE Viola Hussman		25. FUNERAL DIRECTOR'S SIGNATURE Charles W. Brown		ADDRESS Quincy Ill	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1954

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 Mary Munkang

Licensed Embalmer No. 2469

P. O. Address Montgomery

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.