

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40110**BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **343**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BOONE	
b. CITY OR TOWN COLUMBIA	c. LENGTH OF STAY (in this place) 14 DAYS	c. CITY OR TOWN COLUMBIA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER ST. CA. HOSP.		f. STREET ADDRESS (If rural, give location) R.F.D. # 5	

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) JANE c. (Last) LITTLE			4. DATE OF DEATH (Month) (Day) (Year) 12-15-54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED WIDOWED (Specify)	8. DATE OF BIRTH 3-10-03(?)	9. AGE (In years last birthday) 51(?)	IF UNDER 1 YEAR Days 9 Hours 5 Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ENGLEWOOD, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN Hiram Little	13b. MOTHER'S MAIDEN NAME UNKNOWN Sally Hadym	14. NAME OF HUSBAND OR WIFE NONE
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS	ADDRESS
--	-------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 mo
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of endometrium		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		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 172X	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) (Min.)	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 **12-11, 1954**, to **12-15, 1954**, that I last saw the deceased alive on **12-15, 1954**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Johnson, M.D.	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 12-15-54
--	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Johnson Cem.	24d. LOCATION (City, town, or county) (State) Boone Mo.
DATE REC'D BY LOCAL REG. Dec 18 1954	REGISTRAR'S SIGNATURE Mrs R.E. Palmate	DATE 31-0	25. FUNERAL DIRECTOR'S SIGNATURE Wm E. Burnett Ashland Mo. ADDRESS

(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 *W. E. Burnett*.....

Licensed Embalmer No. *356*.....

P. O. Address *Osland*.....

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.