

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11284

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5792</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u> <u>0170</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u> <u>0170</u>					
b. CITY OR TOWN <u>BOSWORTH</u> <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>CAMB ALL LIFE</u>		c. CITY OR TOWN <u>BOSWORTH</u>		d. In 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				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROLLAND</u>			b. (Middle) <u>M</u>		c. (Last) <u>LITTINGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8 1955</u>		
5. SEX <u>M</u> <u>O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>APRIL 15-1876</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HARNEY</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bosworth MO</u>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Howard Littings</u>			13b. MOTHER'S MAIDEN NAME <u>MARY</u>		14. NAME OF HUSBAND OR WIFE <u>TERRY CORA LITTINGS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Cora Littings</u>				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Urinary Retention</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5-6 days</u>	
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Prostatic Hypertrophy</u>				unknown	
				DUE TO (c) <u>arteriosclerotic kidney disease</u>				"	
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						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) m.		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 <u>April 5, 1955</u> , 19 <u>55</u> , to <u>April 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 8</u> , 1955, and that death occurred at <u>9:30 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Platy</u> (Degree or title) <u>M.D. O</u>			23b. ADDRESS <u>Carrollton Missouri</u>			23c. DATE SIGNED <u>4/9/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West Bosworth MO</u>			
DATE REC'D BY LOCAL REG. <u>4/10/55</u>		REGISTRAR'S SIGNATURE <u>Mrs Herbert Calverton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calverton &amp; Edwards</u>		ADDRESS <u>Bosworth MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *David J. Edwards*.....

Licensed Embalmer No. *32*.....

P. O. Address *Baltimore*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.