

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12019
State File No. 1626

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 35 YRS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 7737 MADISON AVENUE		STREET ADDRESS (If rural, give location) 7737 MADISON AVENUE	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LOUIS	b. (Middle) WILBUR	c. (Last) LITTLEFIELD	(Month) APR.	(Day) 10,	(Year) 1955

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH AUG. 9 1906	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	-------------------------------------------------------------------------	-------------------------------------	-------------------------------------------	--------------------------------------------	--------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINT FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY J. C. NICHOLS INDUSTRY COMPANY CONST.	11. BIRTHPLACE (City and State or Foreign Country) PORTLAND, MAINE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME EUGENE LITTLEFIELD	13b. MOTHER'S MAIDEN NAME ALICE POWERS	14. NAME OF HUSBAND OR WIFE PAULINE LITTLEFIELD
----------------------------------------------	-----------------------------------------------	--------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 487-09-9677	17. INFORMANT'S SIGNATURE OR NAME MR. WALTER LITTLEFIELD	ADDRESS 305 W. 80TH ST., K.C., 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Cardio-vascular-renal		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Phenetic heart disease unknown (inactive)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		416X

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 **June 28, 1952** to **April 20, 1955**, that I last saw the deceased alive on **April 9, 1955**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Orval M. Needels (Degree or title)	23b. ADDRESS 7400 Wornall K.C. Mo	23c. DATE SIGNED April 11-55
----------------------------------------------------------	------------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE April 12, 1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
---------------------------------------------------------	---------------------------------	------------------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 4-12-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE S.H. Newcomer	ADDRESS Missouri Kansas City, Mo.
-----------------------------------------	--------------------------------------------	-------------------------------------------------------	------------------------------------------

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

NOV 20 1955

Call
Mon. 4-25-55 -

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 Albert J. Savage
Licensed Embalmer No. 481

P. O. Address Kenosha

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.