

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20714**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **592** Registrar's No. **1260**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wellston		c. LENGTH OF STAY (In this place) 56 years		c. CITY (If outside corporate limits, write RURAL and give township) Little Rock		d. STREET ADDRESS (If rural, give location) UNKNOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital				4. DATE OF DEATH (Month) (Day) (Year) June 2, 1955					
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle) Daisy		c. (Last) Little		5. SEX Female			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH July 20, 1867		9. AGE (In years last birthday) 87			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Pulaski County, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Robert A. Little			13b. MOTHER'S MAIDEN NAME Sarah Terry			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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. W.E. Lemon, Jr. - 211 West Third Street Little Rock, Ark. (Guardian)					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				DUE TO (b) Generalized Arteriosclerosis				Years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Senility				Years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Schizophrenic Reaction, Chronic (Und.) Carcinoma, Rt. Breast				56 years plus years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Osteoarthritis Dislocation, Chronic, left shoulder				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 4200 H					
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 Jan. 1, 1948 , to June 2, 1955 , that I last saw the deceased alive on June 2, 1955 , and that death occurred at 5:00 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J.R. Bauert MD				23b. ADDRESS 7301 St. Charles Rock Rd.		23c. DATE SIGNED 6/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Little Rock, Ark.			
DATE REC'D BY LOCAL REG. 6/3/55		REGISTRAR'S SIGNATURE Herbert R. Danks, M.D. D. Sullivan Kelly		25. FUNERAL DIRECTOR'S SIGNATURE D. Sullivan Kelly		ADDRESS 7267 Natural Bridge			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.