No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27267

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5993 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucerne Medicine
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Putnam
c. CITY OR TOWN: Lucerne
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0860

3. NAME OF DECEASED (Type or Print): a. (First) Austin b. (Middle) c. (Last) Little
4. DATE OF DEATH (Month) (Day) (Year): Aug. 17, 1955
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 27, 1889
9. AGE (In years last birthday): 66 — If under 1 year: Months 5, Days 20 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Putnam Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Little
13b. MOTHER'S MAIDEN NAME: Lucy Dailey
14. NAME OF HUSBAND OR WIFE: Carrie Little
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Carrie Little ADDRESS: Lucerne, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — 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.

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. Bronchial Asthma — 6 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1941, *to* Aug 17, 1955, *that I last saw the deceased alive on* Aug 16, 1955, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glidale (Degree or title) D.O.
23b. ADDRESS: Newtown, Mo
23c. DATE SIGNED: 8/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-19-55
24c. NAME OF CEMETERY OR CREMATORY: Lucerne Ceme.
24d. LOCATION (City, town, or county) (State): Lucerne, Mo.

DATE REC'D BY LOCAL REG.: 9-12-55
REGISTRAR'S SIGNATURE: Marvell Dunbar 266
25. FUNERAL DIRECTOR'S SIGNATURE: Martin Funeral Home ADDRESS: Princeton, Mo.
(Licensed Embalmer's Statement on Reverse Side) Joan Martin

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Ivan Martin.....

Licensed Embalmer No. 3766

P. O. Address Princeton

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