

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6262 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West Dallas		c. CITY OR TOWN Fordland		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 Home		e. STREET ADDRESS (If rural, give location) Rural West Dallas 11200			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Wallace c. (Last) Little			4. DATE OF DEATH (Month) (Day) (Year) MAR 15 1956		
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Sept 3, 1910		9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Marine	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) State of Texas	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Little		13b. MOTHER'S MAIDEN NAME Daisy Clayton		14. NAME OF HUSBAND OR WIFE Mildred Little	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes 3-20-31-1-19-35		16. SOCIAL SECURITY NO. 317-09-2061		17. INFORMANT'S SIGNATURE OR NAME Mrs Mildred Little Fordland Mo	
				ADDRESS Fordland 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide BY ASPHYXIATION</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES 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 974 x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ABOUT HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) FORDLAND WEBSTER MO	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE Line C. Hester (Degree or title) MAGISTRATE		23b. ADDRESS MARSHFIELD, MO		23c. DATE SIGNED 3/15/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1956		24c. NAME OF CEMETERY OR CREMATORY Panther Valley Cemetery	
				24d. LOCATION (City, town, or county) (State) Fordland Webster Missouri	

DATE REC'D BY LOCAL REG. 3-23-56		REGISTRAR'S SIGNATURE Opal M. Good		25. FUNERAL DIRECTOR'S SIGNATURE Lynn Ferrell	
				ADDRESS Fordland Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1956

APR 5 1956

APR 1956

**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 *J. M. K. Ferrell*.....

Licensed Embalmer No.. 491

P. O. Address *Seymour, N.J.*

**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.**