

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12870

State File No.

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 13

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI | | b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Boles Twp) | | c. LENGTH OF STAY (in this place) 65 yrs | | c. CITY OR TOWN West of Pacific | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At home West of Pacific. | | • STREET ADDRESS RFD #2 on Hwy 66 | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ROBERT c. (Last) LITTLESON | | | 4. DATE OF DEATH (Month) (Day) (Year) April, 20, 1956 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Jan. 4, 1873 | | 9. AGE (In years last birthday) 83 | | 10. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 2 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | | 11. BIRTHPLACE (City and State or Foreign Country) Biggsville, Ill. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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| 13a. FATHER'S NAME Robert Littleton | | 13b. MOTHER'S MAIDEN NAME Jennie Brown | | 14. NAME OF HUSBAND OR WIFE Emma Littleton | |
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| 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 Margaret Vossen RFD#2 Pacific, Mo. | |
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| 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, asphyxia, 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) _____ | | DUE TO (b) Coronary Thrombosis | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pacific Boles Franklin Mo | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 20 1956 m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Dropped dead while getting dressed | |
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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 **12:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Ernest R. Ottmann coroner | | 23b. ADDRESS Gerald Missouri | | 23c. DATE SIGNED Apr 22, 1956 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/22/56 | | 24c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery | | 24d. LOCATION (City, town, or county) (State) Pacific, Mo. | |
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| DATE REC'D BY LOCAL REG. April 22, 56 | | REGISTRAR'S SIGNATURE Mary B. Green | | 25. FUNERAL DIRECTOR'S SIGNATURE Geo. L. Shieles | | ADDRESS Pacific, Mo. | |
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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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo. L. Thielke*.....

Licensed Embalmer No. 3008

P. O. Address Pacific

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.