

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20593

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. 2379

| | | | |
|---|--|---|---|
| 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 OR TOWN Kansas City) | | c. CITY OR TOWN Kansas City | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 18 yrs | | e. STREET ADDRESS (If rural, give location) 711 1/2 W. 14 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | 3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) Littleton c. (Last) Littleton | |
| 4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1956 | | 5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH 11-22-1868 9. AGE (In years last birthday) 87 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None | |
| 11. BIRTHPLACE (City and State or Foreign Country) Iowa | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME John Fan | | 13b. MOTHER'S MAIDEN NAME Jane Creekpalm | |
| 14. NAME OF HUSBAND OR WIFE Lloyd Littleton | | 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 Record Clerk, K.C. Gen. Hosp. ADDRESS #1 | |
| 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) Carcinoma of pharynx with metastases 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. | |
| 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 April 14, 1956 , to May 28, 1956 , that I last saw the deceased alive on May 28, 1956 , and that death occurred at 12:50 A.M. , from the causes and on the date stated above. | |
| 23a. SIGNATURE B.I. Burns (Degree or title) M.D. | | 23b. ADDRESS 24th & Cherry | |
| 23c. DATE SIGNED 5-28-1956 | | 24. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 24b. DATE 5-31-56 24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary 24d. LOCATION (City, town, or county) (State) Kansas City, Kan. | |
| DATE REC'D BY LOCAL REG. 5-31-56 | | REGISTRAR'S SIGNATURE Merna Minshall | |
| FUNERAL DIRECTOR'S SIGNATURE J.B.C. Weidub ADDRESS K.C. & Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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..... *B. E. Weikert*

Licensed Embalmer No. *407*

P. O. Address..... *L. C. S.*

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.