

FILED AUG 31 1956

STANDARD CERTIFICATE OF DEATH

29553

State File No. _____

BIRTH NO. 56015-56 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>East Prairie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 Hours</u>		e. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Shirley</u> b. (Middle) <u>Ann</u> c. (Last) <u>Little</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 17 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>8-17-1956</u>		9. AGE (in years last birthday) Months Days Hours Min. <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>o</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>o</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Leo Lester Little</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Ann Scott</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
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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) <u>o</u>		16. SOCIAL SECURITY NO. <u>o</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Little, East Prairie, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>7620</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 8-17, 1956, to 8-17, 1956, that I last saw the deceased alive on 8-17, 1956, and that death occurred at 5:38 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. M. Jones M.D.</u>		23b. ADDRESS <u>Morehouse, Mo.</u>		23c. DATE SIGNED <u>8-20-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W.</u>	
24d. LOCATION (City, town, or county) (State) <u>EAST PRAIRIE MO.</u>					

DATE REC'D BY LOCAL REG. <u>8-24-56</u>		REGISTRAR'S SIGNATURE <u>Mr. Oke Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thorn, Shelby East Prairie</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

429-

DATE RECEIVED AUG 27 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-129

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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.