

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40901

State File No.

BIRTH NO.		REG. DIST. NO. <u>071</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>112</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Exclusion Springs</u>		c. LENGTH OF STAY (in this place) <u>9 weeks</u>		c. CITY OR TOWN <u>Richmond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Exclusion Springs Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>112 West Royal Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRIEDA</u> b. (Middle) <u>(N)</u> c. (Last) <u>LITTMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 18, 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>September 29, 1883</u>		9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Department Shoelace</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Louis Littman</u>			13b. MOTHER'S MAIDEN NAME <u>Sophie Beer</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Vance</u>				ADDRESS <u>Kansas City, Missouri</u>	
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>Carcinoma Lung</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Melastasis 2 yrs</u>							
		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>163x</u>						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 <u>Oct 15, 1956</u> to <u>11-18-56</u> , that I last saw the deceased alive on <u>11-18-56</u> , and that death occurred at <u>2:00 a.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>E. E. Ray M.D.</u>				(Deceased or title) _____		23b. ADDRESS <u>Richmond 11-19-56</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>November 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lundy Lane</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12/1/56</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>24287-LIFE FUNERAL HOME</u> <u>RICHMOND MISSOURI</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

62.

10-01



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.....
George H. Hile

Licensed Embalmer No. 4060

P. O. Address.....
Richmond

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.