

Death, self, public service, 000-56, Director, coroner, etc. must use only standard nomenclature in Part I. No symptoms with reference to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8774

FILED APR 2 - 1957

STATE FILE NUMBER 1175

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 3918 CHARLOTTE		Length of stay in 35 YRS.		d. STREET ADDRESS 4930 HIGHLAND AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HARRY ELLSWORTH LITTLETON				4. DATE OF DEATH Month Day Year MAR. 11, 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 9, 1863		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.
10. USUAL OCCUPATION (If not in hospital, give location) REPAIR MAN OF BUILDINGS CONTRACTOR & BUILDER OF ENGINEERS			10a. KIND OF BUSINESS OR INDUSTRY K.C. DISTRICT CORPS		11. BIRTHPLACE (City and state or country) CIRCLEVILLE, OHIO		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME MATTHEW W. LITTLETON				14. MOTHER'S MAIDEN NAME CAROLINE M. DIFFENDERFER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address GROSSE NURSING HOME, 3918 CHARLOTTE, K.C., MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus							INTERVAL BETWEEN ONSET AND DEATH Several hours many months 33 1/2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10-9-55 to 3-11-57 and last saw her alive on 3/11/57 Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John W. Cashman MD				22b. ADDRESS 535 Argyle Bldg		22c. DATE SIGNED 3/12/57	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL		MAR-13-1957	MEMORIAL PARK CEMETERY		KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR DIA NEWCOMER SONS KANSAS CITY, MO.			ADDRESS 133 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 3-13-57	26. REGISTRAR'S SIGNATURE Neva Minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
John W. Cashman

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 *Basil W. Honey*.....

Licensed Embalmer No. *47*.....

P. O. Address *N.C., 7*.....

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.