

Dr. Green

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13950

STATE FILE NUMBER

FILED MAY 6 - 1957

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

154

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Hannibal</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b> <b>0644</b> <b>0</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>206 N. 4th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>H.</b> Last <b>Little</b>			4. DATE OF DEATH Month <b>4</b> Day <b>24</b> Year <b>57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9/18/1888</b>		9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Northwestern RR</b>		11. BIRTHPLACE (City and state or country) <b>Monroe City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>Rosemond Little</b>		
14. MOTHER'S MAIDEN NAME <b>Elizabeth Hardesty</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Mrs. Henry Fletcher, RR#1</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gastrointestinal hemorrhage, site undetermined</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Generalized atherosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <b>5:45 A.M.</b> Month, Day, Year			
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 <b>Hannibal, Mo.</b>	
20g. COUNTY		20h. STATE			
21. I attended the deceased from <b>10-1-56</b> to <b>4-24-57</b> and last saw her/him alive on <b>4-24-57</b> Death occurred at <b>5:45 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. L. Green</i>		(Degree or title) <b>0</b>		22b. ADDRESS <b>M. D. 100 N. Sixth, Hannibal, Mo.</b>	
22c. DATE SIGNED <b>4-26-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			
23b. DATE <b>4/27/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>	
24. FUNERAL DIRECTOR <b>Wm O'Donnell</b>		ADDRESS <b>Hannibal, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4/26/57</b>	
26. REGISTRAR'S SIGNATURE <i>Wm Luke By H.C. Fisher</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. securing the medical certification in the same manner required for a death due to natural causes.

189-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 3 1957  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 3 1957

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..... *J. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

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.