Health, Welfare Public Service

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20801

Registration District No. 128 Primary Registration District No. 5460 Registrar's No. 578

300 3 -57

1. PLACE OF DEATH a. COUNTY: Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Clay Township — Inside Limits: Yes ☐ No ☒	c. CITY OR TOWN: Springfield 390 — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ½ Mile West Kinser bridge on James River — Length of stay in 1b: 6 hours	d. STREET ADDRESS (If outside, give location): 633 S. Robberson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First AMOS	Middle HOWARD	Last LITTLES	4. DATE OF DEATH: Month June, Day 27, Year 1957
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ 3	8. DATE OF BIRTH: March 24, 1920 — 9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Laborer	11. BIRTHPLACE (City and state or country): Alton, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Robert Littles	13b. MOTHER'S MAIDEN NAME: Lizzie Lancaster	14. NAME OF HUSBAND OR WIFE: ----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: ----	17. INFORMANT: Mrs. Dessie Littles — Address: 633 S. Robberson	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: ----

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): — DUE TO (c): 9298

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bruses on both eyes, upper lip and ears 42

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE: unknown ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) was swiming across James River and for some reason was unable to return and drowned

20c. TIME OF INJURY: Aprox 2:30 Hour ~~a.m.~~ p.m. Month, Day, Year 6/27/57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN James River

20f. CITY, TOWN, OR LOCATION: Clay Twsp. 029 COUNTY: Greene County, STATE: Missouri

21. I attended the deceased from Aprox. 2:30 P. m on the date stated above; to June 27, 1957 and last saw him alive on

Death occurred at Aprox. 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph H Thieme Greene County Coroner 3	22b. ADDRESS: Springfield, Missouri	22c. DATE SIGNED: 6/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: June 30, 1957	23c. NAME OF CEMETERY OR CREMATORY: Alton, Mo.	23d. LOCATION (City, town, or county) (State): Alton, Mo.
24. FUNERAL DIRECTOR: Ralph H Thieme — ADDRESS: Ralph Thieme Springfield, Mo.	25. DATE RECD. BY LOCAL REG.: 7-1-57	26. REGISTRAR'S SIGNATURE: Edith Williamson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.