

Health, Welfare  
Public Service

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33067  
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6037 Registrar's No. 2405

300  
-57

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DONIPHAN, Mo.</u>		c. CITY OR TOWN <u>DONIPHAN 0910</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S.M.I.N. DONIPHAN</u>		d. STREET ADDRESS (If outside, give location) <u>405 VINE</u>	
3. NAME OF DECEASED (Type or print) <u>WILLIE LITTLE</u>		4. DATE OF DEATH <u>SEPT. 22 - 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 16 - 1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of waking hours, even if retired) <u>CROSS TIE BUYER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TIE + TIMBER</u>	11. BIRTHPLACE (City and state or country) <u>RIPLEY Co. MISSOURI</u>
13a. FATHER'S NAME <u>THOMAS LITTLE</u>		13b. MOTHER'S MAIDEN NAME <u>ADER ROOK</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-18-6467</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture severe of Crushed chest</u>		17. INFORMANT Address <u>MRS. DOROTHY LITTLE DONIPHAN Mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Auto accident.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20a. ACCIDENT <input checked="" 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.) <u>Hit by truck.</u>	
20c. TIME OF INJURY .Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 21</u>		20f. CITY, TOWN, OR LOCATION <u>5 miles north of Doniphan Ripley Mo</u>	
21. I attended the deceased from Death occurred at <u>1:00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <u>July 57</u> to <u>Sept 22, 57</u> and last saw her alive on <u>Sept 15, 1957</u>	
22a. SIGNATURE <u>Frank Johnson Jr</u> (Degree or title)		22b. ADDRESS <u>Doniphan Mo</u>	
22c. DATE SIGNED <u>9/20/57</u> (State)		22c. DATE SIGNED _____ (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 24, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>		23d. LOCATION (City, town, or county) <u>RIPLEY Co. MISSOURI</u>	
24. FUNERAL DIRECTOR <u>EDWARDS FUNERAL HOME</u> ADDRESS <u>DONIPHAN Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-57</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE _____	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 11 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 *Gene St. Arment* .....

Licensed Embalmer No. *4809* .....

P. O. Address *Naylor,* .....

-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.