

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43223**

FILED NOV 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **4503** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Bernie Liberty</b>		c. CITY OR TOWN <b>Malden</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>611 W. Laclede</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 25 South</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>	b. (Middle) <b>Mae</b>	c. (Last) <b>Little</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 12, 1930</b>	9. AGE (in years last birthday) <b>27</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beautician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Beauty Shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bernie Rt. 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Elsworth</b>	13b. MOTHER'S MAIDEN NAME <b>Opal Elsworth</b>	14. NAME OF HUSBAND OR WIFE <b>Leon Little</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leon Little</b>	ADDRESS <b>Malden, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Compound fractures and severe internal injuries due to head-on car-bus accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 25</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Bernie, Mo.</b> (COUNTY) <b>103</b> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-13-57 10:50pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Head-on car-bus accident</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:50P.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Marsha Wether</b> (Degree or title) <b>Coroner 3</b>	23b. ADDRESS <b>Dexter, Mo.</b>	23c. DATE SIGNED <b>11-18-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-16-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Malden Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Malden, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11/18/57</b>	REGISTRAR'S SIGNATURE <b>Delma D. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duffie R. Duffie</b>	ADDRESS <b>Duffie, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4090

(Licensed Embalmer's Statement on Reverse Side)

**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 *Raymond L. Duff*.....

: Licensed Embalmer No. *14748*

P. O. Address *Berne, T.*

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.