

pt. Health,
, & Welfare
S. Public
lth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44465
STATE FILE NUMBER
Registrars' No. 5967

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002

S. 300
ev. 1-57

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3815 EAST-25TH STREET		Length of stay in lb 5 YEARS	
3. NAME OF DECEASED (Type or print) DORRANCE W. LITTICK		4. DATE OF DEATH DEC-12-1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG-13-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY OTIS ELEVATOR CO.	11. BIRTHPLACE (City and state or country) KANSAS CITY, KANSAS
13a. FATHER'S NAME JOSEPH G. LITTICK		13b. MOTHER'S MAIDEN NAME CARRIE H. HILL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-16-7973	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 30 MIN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) E. central hypertension		5 yrs	
DUE TO (c) _____		4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 1956 to 12-12-57 and last saw her alive on 11-20-57 Death occurred at 12-12-57 12:30 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank Dodge M.D. (Degree or title)		22b. ADDRESS 4635 Wyandotte KC Mo	
22c. DATE SIGNED 12-12-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC-17-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
24. FUNERAL DIRECTOR DIX NEWCOMER'S SONS ADDRESS 1391 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 12-17-57	26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Mark Dodge



180

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 V. Honey

Licensed Embalmer No. 424
P. O. Address 2210

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.