

FILED FEB 4 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 362

Primary Registration District No. 6232

Registrar's No. 5

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Warren</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bridgeport Twsp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Jonesburg</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>25 yr</b>	d. STREET ADDRESS <b>4 miles S. of Jonesburg</b>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Dallas</b> Last <b>Littrell</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>18,</b> Year <b>1958</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>May 1, 1880</b>		9. AGE (In years and birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Miller Co. Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>William Littrell</b>		13b. MOTHER'S MAIDEN NAME <b>Liza - (unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>unknown</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>Virgil Harlan, Jonesburg, Mo</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>Acute Myocarditis</b> DUE TO (b) <b>Arterio Sclerotic Nephritis</b> DUE TO (c) <b>Hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>unknown</b> <b>unknown</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.) <b>431 X</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION <b>Jonesburg</b>		20f. COUNTY <b>Warren</b>		20g. STATE <b>Missouri</b>	
21. I attended the deceased from <b>March 4, 1955</b> to <b>Jan. 18, 1958</b> and last saw her alive on <b>Jan. 17, 1958</b> Death occurred at <b>Jan. 18, 1958 6:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Hofelm M.D.</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>New Florence Mo.</b>	
22c. DATE SIGNED <b>1-20-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-20-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or country) (State) <b>Jonesburg, Missouri</b>			
24. FUNERAL DIRECTOR <b>Carl A. Harding, Jonesburg, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 27, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Floyd Logan</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no asterisk. 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 *Leal A. Harding* .....

Licensed Embalmer No. *4115* .....  
P. O. Address *Jonesburg* .....

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.