

FILED DEC 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046896

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 238

300
1-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Fisk	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chau. Butler Rest Home 8Mo		d. STREET ADDRESS (If outside, give location) R#1 Fisk	
3. NAME OF DECEASED (Type or print) First Sigmund Middle — Last Little		4. DATE OF DEATH Month Oct Day 13 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec-8-1908
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR 10 Days	IF UNDER 24 HRS. 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Jackson, Co. Ark.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Tom Little	
13b. MOTHER'S MAIDEN NAME Florence Allen		14. NAME OF HUSBAND OR WIFE Nora Little	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT Nora Little Address Fisk, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lung abscess			INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pressure sore (ulcer) left chest			
DUE TO (c) Bed fast from left hemiplegia.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinsons Disease			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 — Month, Day, Year — a.m. — p.m. —		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 June 7 1958 to 10/13/58 and last saw ^{her} him alive on 10-12-58 Death occurred at — m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. D. Urban (Degree or title) M. D.		22b. ADDRESS Sikeston	
22c. DATE SIGNED 10-22-58			
23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE 10-13-58	
23c. NAME OF CEMETERY OR CREMATORY Brown Chapel		23d. LOCATION (City, town, or county) (State) Butler, Co, Mo.	
24. FUNERAL DIRECTOR J. C. White ADDRESS Fisk, Mo,		25. DATE RECD. BY LOCAL REG. 12-18-58	
26. REGISTRAR'S SIGNATURE Miss Ellen Hunter			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Duffie*

---Licensed Embalmer No. *4798*.....

P. O. Address *Berme, 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.