

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002011
STATE FILE NUMBER

JAN 27 1959 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Keytesville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		Length of stay in lb <u>4 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. 4</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bortelle Littler</u>			4. DATE OF DEATH Month Day Year <u>1 11 59</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>3-13-1909</u>		9. AGE (In years last birthday) <u>49</u> MONTHS <u>9</u> DAYS <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Chariton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ben</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Smalley</u>		14. NAME OF HUSBAND OR WIFE <u>Geraldine</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-38-8505</u>		17. INFORMANT Address <u>Geraldine Littler Keytesville, Mo</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>Gurshot Wood Head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Fragments of Skull, multiple</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) <u>976X</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Self inflicted wound</u>			
20c. TIME OF INJURY <u>2:10 a.m. - 1-11-59</u>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>Keytesville, Mo Chariton, Co</u>	
21. I attended the deceased from _____, to _____ and last saw ^{her} him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John W. Smith</u> (Degree or title)			22b. ADDRESS <u>Marceline, Mo</u>		22c. DATE SIGNED <u>1-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Musser Park</u>		23d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo Chariton, Co</u>
24. FUNERAL DIRECTOR <u>James M. Laughlin</u> ADDRESS <u>Marceline, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-57

All diseases in Part I must be causally related.

JAN 30 1959

FEB 27 1959

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 *James B. McCalland*

Licensed Embalmer No. *4230*
P. O. Address. *Brookfield, ?*

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.