Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016494
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 352 Primary Registration District No. Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Long Beach Road — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Skaggs Hosp. — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Taney
c. CITY OR TOWN: Branson 1060 0 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Long Beach Road — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Archie — Middle: D. — Last: Littig

4. DATE OF DEATH: Month: April — Day: 21 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 26, 1881

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 4, Days 25 — IF UNDER 24 HRS.: 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): Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DeRastus Littig

13b. MOTHER'S MAIDEN NAME: Naomi Stanton

14. NAME OF HUSBAND OR WIFE: Mamie Littig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs Mamie Littig, Branson, 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): Massive Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 mm

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Congestive Heart Failure — 6 Mo

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1957, to Apr 21 and last saw ~~her~~ him alive on Apr 21-59
Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS: Branson, Mo

22c. DATE SIGNED: 4/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-24-59

23c. NAME OF CEMETERY OR CREMATORY: Ozark Mem. Park Cemetery

23d. LOCATION (City, town, or county) (State): Branson, Mo

24. FUNERAL DIRECTOR ADDRESS: Whitehead Chapel, Branson, Mo

25. DATE RECD. BY LOCAL REG.: 4-28-59

26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 5 1959

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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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Farmington, Me.

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.