

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017819

FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER 2484
Registrar's No.

300
-57 0

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas, Overland Park Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C.Mo.		Length of stay in 1b 5 1/2 hrs	815 th STREET ADDRESS 6900 W. 80th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRANCIS Middle HENRY Last LITTLE			4. DATE OF DEATH Month 5th Day 17th Year 1959		
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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 4/12/95	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising	10b. KIND OF BUSINESS OR INDUSTRY advertising firm	11. BIRTHPLACE (City and state or country) Hope, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Harry R. Little	13b. MOTHER'S MAIDEN NAME Dolly A. Carter	14. NAME OF HUSBAND OR WIFE Nelle Little
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 486-01-2913	17. INFORMANT VA HOSPITAL RECORDS, KANSAS CITY, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia, R&LL		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Paralysis, laryngeal muscles	
	DUE TO (c) Arteriosclerotic brain disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. I attended the deceased from ~~5-17-59~~ to ~~5-17-59~~ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE High H. Owens (Degree or title) 3	22b. ADDRESS 1034 Rialto Bldg, K. C. Mo.	22c. DATE SIGNED 5-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-20-59	23c. NAME OF CEMETERY OR CREMATORY Johnson Co. Memorial Gardens Johnson Co. Kans.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR D. W. Newcomb, Law, K.C.Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-19-59	26. REGISTRAR'S SIGNATURE neva Minshall
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MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

High H. Owens

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 *L. D. Nelson*

Licensed Embalmer No. *4420*
P. O. Address *Kansas*

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.