

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022560
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 12

300
1-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) Wentzville		c. CITY OR TOWN Wentzville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R R #2		d. STREET OR ADDRESS RR #2 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Mary Middle Jane Last Little		4. DATE OF DEATH Month June Day 3 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 3, 1881
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties	11. BIRTHPLACE (City and state or country) Wentzville, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10b. KIND OF BUSINESS OR INDUSTRY Home Duties	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Matthew Little		13b. MOTHER'S MAIDEN NAME Annie O'Brien	14. NAME OF HUSBAND OR WIFE Not Married
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Margaret Little, Wentzville, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental hospital for three years			INTERVAL BETWEEN ONSET AND DEATH 1 hour 10 yrs. 15 yrs.
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 Jan. 58 to June 3, 59 and last saw her alive on June 2, 1959 Death occurred at 6:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Margaret Little</i> (Degree or title) MA		22b. ADDRESS Wentzville, Missouri	
22c. DATE SIGNED 6/4/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/5/1959		23c. NAME OF CEMETERY OR CREMATORY St. Theodore's Cemetery	
23d. LOCATION (City, town, or county) (State) Flint Hill, Missouri		24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Mo.	
25. DATE RECD. BY LOCAL REG. June - 6 1959		26. REGISTRAR'S SIGNATURE <i>Martha F. Duff</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Every coroner, etc., must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

5961 7 8 NRP

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 *Carlton J. Pitman*

Licensed Embalmer No. *4974* ..
P. O. Address *Wentzville* ..

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.