

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025265

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3319 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas City Length of stay in 1b 21 Yrs. c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3839 Garfield Ave. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. STREET ADDRESS (If outside, give location) 3839 Garfield Ave.

3. NAME OF DECEASED First ESTHER Middle MARIE Last LITTLE 4. DATE OF DEATH Month July Day 6th, Year 1959

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH April 2, 1899 9. AGE (last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Lincoln, Nebraska 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Willie D. Graham 13b. MOTHER'S MAIDEN NAME Ida M. Hullinger 14. NAME OF HUSBAND OR WIFE Harold J. Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT Harold J. Little, 3839 Garfield Ave. K.C. 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) Cardiac Arrest (b) Interruption of Oxygen Center (c) Multiple Sclerosis 15 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 June 40 to 7-6-59 and last saw her alive on 7-6-59 Death occurred at 11:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) George F. Clark D.O. 22b. ADDRESS 7329 Broadway 22c. DATE SIGNED 7-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE July 8, 1959 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Lincoln, Nebraska (State)

24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Missouri 25. DATE RECD. BY LOCAL REG. 7-7-59 26. REGISTRAR'S SIGNATURE neva minshall

DOCUMENT

BY AFFIDAVIT OF George F. Clark, M.D. MEDICAL CERTIFICATION

NOB 1953

ISSUE NO.

DATE

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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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Clayton K. Barn

Licensed Embalmer No. 479

P. O. Address K.C., T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.

NOB 1953

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