

Dept. Health,  
oc., & Welfare  
J. S. Public  
Health Service

V. S. 300  
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'59 0 4 4 2 3 7

STATE FILE NUMBER

FILED VS JAN - 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5807

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>18th &amp; Prospect</u>		Length of stay in lb <u>1 yr.</u>	d. STREET ADDRESS (If outside, give location) <u>4011 Mersington</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cecil Inez Little</u>			4. DATE OF DEATH Month Day Year <u>Nov. 28, 1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</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>8/25/17</u>	9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salad girl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restuarant</u>	11. BIRTHPLACE (City and state or country) <u>Eufaula, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Willie Law</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Jones</u>		14. NAME OF HUSBAND OR WIFE <u>George Little, Sep.</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>443-24-6619</u>	17. INFORMANT Address <u>Mrs. Maxine McFall, 4011 Mersington</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>Shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple Traumatic Ruptures of Myocardium</u> DUE TO (c) <u>Auto-Collision</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>Auto-Collision</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>12:20 p.m. 11/28/1959</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>18th &amp; Prospect</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson, Mo</u>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at _____					
22a. SIGNATURE <u>Deputy Coroner</u>			22b. ADDRESS <u>1618 Lydia Rd</u>		22c. DATE SIGNED <u>11/29/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12/6/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Huttonville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Huttonville, Oklahoma</u>
24. FUNERAL DIRECTOR <u>Badeau, Appleton &amp; Jones, K.C., Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

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

L. M. Tillman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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 *Eddie Middleton* .....

Licensed Embalmer No. *5046* .....

P. O. Address.....

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.