

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042115

NOV 17 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5428 STATE FILE NUMBER

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		Length of stay in 1b 6 wks	c. CITY OR TOWN Prairie Village Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2015 W. 79th. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MR. CHARLES A. LITTLE, Jr.	First Middle Last	4. DATE OF DEATH Oct. 26, 1960	Month Day Year
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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 2-23-1920	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Manager	10b. KIND OF BUSINESS OR INDUSTRY Feld Chevrolet	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Charles A. Little, Sr.	13b. MOTHER'S MAIDEN NAME Nora Manbick	14. NAME OF HUSBAND OR WIFE Marjorie Dee 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 Army WW # 2	16. SOCIAL SECURITY NO. 499-10-0850	17. INFORMANT Address Mrs. Marjorie Little- 2015 W 79th.
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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) Generalized Carcinomatous with Hepatic failure		INTERVAL BETWEEN ONSET AND DEATH 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchogenic Carcinoma	Unknown
	DUE TO (c)	Duration

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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 May, 1959 to 10/26/60 and last saw her/him alive on 10/26/60 Death occurred at 2:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jerry E. Lilly</i> (Degree or title)	22b. ADDRESS 915 Argyle Building, K.C., Mo.	22c. DATE SIGNED 10/28/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-29-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar--1800 E. Linwood	25. DATE RECD. BY LOCAL REG. 10-28-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
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DOCUMENT
BY AFFIDAVIT OF
JERRY E. LILLY, MEDICAL CERTIFICATION

Jan 1966
Mary A. B.

BA 1-9770

Jan - 1-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald A. B.

Licensed Embalmer No. 4766

P. O. Address K. E. Mo

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.