

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042116

FILED VS DEC 5 1960

5747

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5747

DED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 26 years	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4816 Terrace Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DOROTHY Middle LEE Last LITTLE			4. DATE OF DEATH Month November Day 12 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	8. DATE OF BIRTH 3-2-1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Maternity Shop	11. BIRTHPLACE (City and state or country) Windsor, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.//	
13a. FATHER'S NAME D.E. BUTCHER		13b. MOTHER'S MAIDEN NAME ADDIE BLEDSSELL		14. NAME OF HUSBAND OR WIFE Mr H. K. Little	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-20-4482		17. INFORMANT Mr. H.K. Little, 4816 Terrace Street Kansas City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 2 mos.
IMMEDIATE CAUSE (a) Adenocarcinoma of Transverse Colon with metastases to liver, bile ducts, pancreas, omentum and peritoneum.			
DUE TO (b) gile ducts, pancreas, omentum and peritoneum.			
DUE TO (c)			
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"/> No <input type="checkbox"/> Unknown

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.)	
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 _____

21. I attended the deceased from 10/25/51 to 11/12/60 and last saw her alive on 11/12/60
Death occurred at 2:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Flora E. Mac</i> (Degree or title)	22b. ADDRESS 4620 Nichols Pkwy	22c. DATE SIGNED 11/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 15, 1960	23c. NAME OF CEMETERY FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		

24. FUNERAL DIRECTOR D.W. Newcomer's Sons 1331 Brush Creek Blvd. Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 11-15-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Florence E. Mac

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 *b. D. Nelson*
Licensed Embalmer No. 4421

P. O. Address K.C. Mo

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.