

## JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 20 1960

-60-047166

ENDED

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 151

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GRAPE GROVE TWP.</u>		Length of stay in lb <u>20 yrs.</u>		c. CITY OR TOWN <u>GRAPE GROVE TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME OF DAUGHTER</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RT. 2, NORBORNE, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>LOUISE M. LITTLETON</u>				4. DATE OF DEATH Month Day Year <u>DEC. 10, 1960</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 25, 1883</u>		9. AGE (last birthday) <u>77</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>ROCKINGHAM G. VA.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		IF UNDER 1 YEAR Months Days Hours Min.			
13a. FATHER'S NAME <u>HARVE HALTERMAN</u>			13b. MOTHER'S MAIDEN NAME <u>LAURINA BOBO</u>			14. NAME OF HUSBAND OR WIFE <u>SAMUEL LITTLETON (DECD)</u>			Address		
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>—</u>			17. INFORMANT <u>ETAEL TREGO - RT. 2, NORBORNE, Mo.</u>			Address		
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>Coronary Artery Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) <u>—</u>							
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>—</u>		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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>		STATE <u>—</u>		20g. DATE SIGNED <u>12/10/60</u>			
21. I attended the deceased from <u>4:30 p.m.</u> to <u>—</u> and last saw her/him alive on <u>—</u> Death occurred at <u>—</u> on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE (Degree or title) <u>Thomas B. Goff Garner M.D.</u>		22b. ADDRESS <u>Richmond Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-12-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>RAY COUNTY, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>12-13-1960</u>			
24. FUNERAL DIRECTOR <u>BORCHARDING F.H.</u>				ADDRESS <u>HARDIN, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 August Bucherding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.