

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045280

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 610

FILED DEC 26 1961

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> | | Length of stay in 1b <u>50 years</u> | c. CITY OR TOWN <u>Joplin</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>120 North Oak St.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>120 North Oak St.</u> |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>P.</u> Last <u>Little</u> | | | 4. DATE OF DEATH Month <u>12</u> Day <u>21</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>12/6/1889</u> | 9. AGE (last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Eagle Picher Co.</u> | 11. BIRTHPLACE (City and state or country) <u>Lincoln County, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Cash Little</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Kilmer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Carrie Little</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, W World War #1</u> | | | 17. INFORMANT Address <u>Mrs. Carrie Little 120 N. Oak St.</u> | | | |

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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: | | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | | |
| | 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 |

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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.) | | | |
| 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 April 4, 1961 to Dec. 21, 1961 and last saw him ^{at} Dec. 20, 1961 alive on Dec. 20, 1961
Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|--------------------------------|--|-------------------------------------|
| 22a. SIGNATURE <u>Ray D. Hurlbut</u> | Degree or title <u>M.D.</u> | 22b. ADDRESS <u>607 Frisco Bldg, Joplin, Mo</u> | 22c. DATE SIGNED <u>12-22-61</u> |
|---|--------------------------------|--|-------------------------------------|

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|---|------------------------------|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-23-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | 23d. LOCATION (City, town, or county) <u>Joplin, Missouri</u> | (State) |
| 24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary, Inc., Joplin, Mo.</u> | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>12-22-61</u> | 26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 4 1962

JAN 3 1962

MAY 10 1962

MAY 1 1962

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb City

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.