

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014629

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 75 Primary Registration District No. 25301 Registrar's No. 40

FILED MAY 4 1962

VS 300
Rev. 4/59

b250
28260

3
4 1
5 0
6
7 1
8 2
9 X
10
11 0-25
12 91-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebr. b. COUNTY Scotts Bluff	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shoal Twp.		Length of stay in 1b Transit	c. CITY OR TOWN Mitchell Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron, Mo U.S. Hiway #36		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.#2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last TAMARA LYNNE LITTELL			4. DATE OF DEATH Month Day Year April 26, 1962
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-1-1960
9. AGE (last birthday) 1		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Glasgow, Mont.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Lavern Littell	
13b. MOTHER'S MAIDEN NAME Donna Brown		14. NAME OF HUSBAND OR WIFE none	
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. none	17. INFORMANT Lavern Littell, Mitchell, Nebr. 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) Multiple Fractures of Skull + Cervical Vertebrae DUE TO (b) Auto Collision DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Instantly
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Truck + Auto Collision U.S. Hiway #36	
20c. TIME OF INJURY Hour Month, Day, Year 2:30 p.m. APR. 26, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Hiway #36		20f. CITY, TOWN, OR LOCATION CAMERON, Clinton	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Damon W. Sander (Degree or title) Registrar		22b. ADDRESS Cameron, Mo.	
22c. DATE SIGNED 4-26-62		23. LOCATION (City, town, or county) (State) Scotts Bluff, Nebr.	
24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-28-62	26. REGISTRAR'S SIGNATURE Francis D Crawford

USE BLACK INK OR TYPEWRITER RIBBON

MAY 4 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 Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.