

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037367

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 39/1

Primary Registration District No. 4505

Registrar's No. 20

FILED OCT 4 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City | | Length of stay in lb | c. CITY OR TOWN Sikeston |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shetley Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) H'wy. 61 (S. Main) |
| 3. NAME OF DECEASED (Type or print) ELISHA HIGGERSON LITTLETON | | First Middle Last | 4. DATE OF DEATH Month Day Year July 11, 1962 |
| 5. SEX Male | 6. COLOR OR RACE Caucasian | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-25-1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Agri culture | 9. AGE (last birthday) 84 |
| 11. BIRTHPLACE (City and state or country) Puryear, Tennessee | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME J. T. Littleton | | 13b. MOTHER'S MAIDEN NAME Lucetta Fitz | 14. NAME OF HUSBAND OR WIFE Ruhamah Martin |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Frances Morrison Sikeston, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock | | | INTERVAL BETWEEN ONSET AND DEATH 12 HRS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Circulatory failure | | | 12 HRS |
| DUE TO (c) Cerebral thrombosis | | | 3 DAYS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial pneumonia | | | 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 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.) | |
| 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 6-20-59 to 7-11-62 and last saw him alive on 7-9-62 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Name or title) L. G. Masters D.O. | | 22b. ADDRESS Advance Mo | 22c. DATE SIGNED 7-13-62 |
| 23a. FUNERAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-13-62 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) Sikeston, Missouri |
| 24. FUNERAL DIRECTOR Nunnelee Funeral Chapel, Sikeston | | 25. DATE RECD. BY LOCAL REG. 7/26/62 | 26. REGISTRAR'S SIGNATURE Dorisee Moore |

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.