

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049207  
STATE FILE NUMBER  
62-049207

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 326 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED DEC 26 1962**

VS 300  
Rev. 4/59

1 0990  
2 0990-

3  
4 1  
5 2  
6  
7 0  
8 0  
9 4221  
10  
11  
12 86-2  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Memphis</b>		Length of stay in 1b <b>1 year</b>	c. CITY OR TOWN <b>Memphis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Scotland Co., Community</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Nannie Belle Kitts</b>		First <b>Home</b> Middle Last	4. DATE OF DEATH <b>Dec. 5, 1962</b> Month Day Year
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/20/1867</b>
9. AGE (last birthday) <b>95</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Clark Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Joseph Forbes</b>	
13b. MOTHER'S MAIDEN NAME <b>Alpha (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>John Kitts</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Miss Norma Kitts</b>		Address <b>Memphis, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b> DUE TO (b) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 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 <b>1-10-50</b> to <b>12-5-62</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>12 5 62</b> Death occurred at <b>9 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A.M. Keethler D.O.</b> (Degree or title)		22b. ADDRESS <b>Memphis, Mo.</b>	22c. DATE SIGNED <b>12-7-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/7/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kahoka Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kahoka, Missouri</b> (State)
24. FUNERAL DIRECTOR <b>GERTH &amp; BASKETT</b>		ADDRESS <b>MEMPHIS, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>12-17-62</b>
		26. REGISTRAR'S SIGNATURE <b>Vern G. Purner</b>	

burden

country

initial

x

female

year

name

Board of Embalmers, Inc.,  
New York

Dec. 2, 1935

Johnnie Belle Little

20

x

H

P

Johnnie Belle Little

Johnnie Belle Little

(Johnnie) Little

Johnnie Belle Little

Johnnie Belle Little, No.

no

no

### 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,

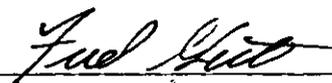
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4258

P. O. Address \_\_\_\_\_

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.

Johnnie Belle Little

Johnnie Belle Little

Johnnie Belle Little

Johnnie Belle Little

Johnnie Belle Little, No.