

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026858

STATE FILE NUMBER

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 137

FILED JUN 17 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Scotland</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis Length of stay in 1b 30 yrs</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Flower Hotel Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Scotland</p> <p>c. CITY OR TOWN Memphis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Flower Hotel Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p>First Charles Middle Leslie Last Little</p>	<p>4. DATE OF DEATH</p> <p>Month June Day 6 Year 1963</p>
<p>5. SEX Male</p> <p>6. COLOR OR RACE Caucasian</p> <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 6/14/1885</p> <p>9. AGE (last birthday) 77</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian - retired</p> <p>10b. KIND OF BUSINESS OR INDUSTRY Agriculture</p>	<p>11. BIRTHPLACE (City and state or country) Sac County Iowa</p> <p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>
<p>13a. FATHER'S NAME Weston Little</p>	<p>13b. MOTHER'S MAIDEN NAME Lizzie Ridley</p> <p>14. NAME OF HUSBAND OR WIFE Opal Iona Little</p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)</p>	<p>17. INFORMANT Alice Billings Fayette, Iowa</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) cerebral vascular accident</p> <p>CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis</p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p> <p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from Feb 20, 1963 to 6-6-63 and last saw him alive on June 1st - 1963</p> <p>Death occurred at 10.30 P m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) D. W. Payne & Sons</p>	<p>22b. ADDRESS Memphis, Mo</p> <p>22c. DATE SIGNED 6-7-1963</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 6/8/1963</p> <p>23c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery</p> <p>23d. LOCATION (City, town, or county) (State) Memphis, Missouri</p>
<p>24. FUNERAL DIRECTOR D. W. Payne & Sons Memphis, Mo</p>	<p>25. DATE RECD. BY LOCAL REG. 6-10-63</p> <p>26. REGISTRAR'S SIGNATURE Ueda L. Turner</p>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

1 0990

2 0990

3

4 0

5 2

6

7 1

8 2

9 331X

10

11

12 91-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 10 1964

MAR 6 1964

OFFICE

0

1

XISE

0-19
0-1

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 P. E. Payne Student Embalmer No. 701

working under my personal supervision.

Student *P. E. Payne*
Signature of Student Embalmer

Signed *Neal Payne*

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.