

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001371

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 45

FILED FEB 14 1967	
1. PLACE OF DEATH	
a. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Windsor</u> Length of stay in lb <u>59 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
c. CITY OR TOWN <u>Windsor</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>207 W. Jackson St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <u>WILLIAM</u> Middle <u>LITTLE</u> Last <u>LITTLE</u>	
4. DATE OF DEATH Month <u>January</u> Day <u>27</u> Year <u>1967</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>1/18/1881</u>
9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coalminer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (City and state or country) <u>Belleville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Little</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Carter</u>
14. NAME OF HUSBAND OR WIFE <u>Mary Muir Little</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. <u>499-18-1106</u>	17. INFORMANT <u>Mrs. Mary Little</u> Address <u>207 W. Jackson Windsor, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardio-Respiratory Collapse</u> <u>Acute Congestive Heart Failure</u> <u>and Bilateral Broncho Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4-5 hrs.</u> <u>2 wks.</u> <u>2 wks.</u>	
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 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 <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year <u>  </u> / <u>  </u> / <u>  </u>	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 <u>Windsor, Mo.</u> COUNTY <u>Henry</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>8-6-50</u> to <u>1-27-67</u> and last saw him alive on <u>1-27-67</u> . Death occurred at <u>1:20 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Claude M. Kurber M.D.</u>	22b. ADDRESS <u>Windsor, Mo.</u>
22c. DATE SIGNED <u>2-3-67</u>	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>
23b. DATE <u>Jan 29, 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>
23d. LOCATION (City, town, or county) <u>Windsor, Missouri</u>	23e. (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>Huston-Hadley Windsor, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-8-67</u>
26. REGISTRAR'S SIGNATURE <u>Mildred Biggem</u>	

USE BLACK INK OR TYPEWRITER RIBBON

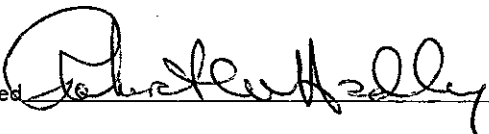
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED	AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
1 <u>0421</u>		
2 <u>0421</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>1</u>		
8 <u>2</u>		
9 <u>4341</u>		
10		
11		
12 <u>3-0</u>		
13 <u>1-0</u>		

**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. 5220

P. O. Address Windsor, Me.

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.