

No. 300
10-48

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25183**

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **5621** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural)	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN Edina	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Mi. No. of Edina Hy#19		e. STREET ADDRESS (If rural, give location) 0520	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARVIN	b. (Middle) AUDRIA	c. (Last) LITTLE	(Month) July	(Day) 14	(Year) 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 14 Mar. 1917		9. AGE (In years last birthday) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Stave Mill	11. BIRTHPLACE (City and State or Foreign Country) Knox County		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Gustava Little	13b. MOTHER'S MAIDEN NAME Mary Etta Stevens	14. NAME OF HUSBAND OR WIFE Eva Parrish Little
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 711-12-8595	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marvin Little	ADDRESS Edina, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		INTERVAL BETWEEN ONSET AND DEATH Instantly
	ANTECEDENT CAUSES Cardiac Mural Thrombosis & Contusive Myocardial Infarction		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Automobile Accident (Crush-Chest Syndrome)		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE accident (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) state highway	21c. (CITY, TOWN, OR TOWNSHIP) Edina (COUNTY) Knox (STATE) Missouri
21d. TIME OF INJURY July 14 '57 7p.m. (Month) (Dy.) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? automobile accident

22. I hereby certify that I attended the deceased from **XXXX**, 19____, to **XXXX**, 19____, that I last saw the deceased alive on **XX**, 19____, and that death occurred at **7:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE Samuel D.O. (Degree or title)	23b. ADDRESS Edina, Mo.	23c. DATE SIGNED 7/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 17 July 1957	24c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	24d. LOCATION (City, town, or county) (State) Edina, Missouri
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DATE REC'D BY LOCAL REG. July 15 - 1957	REGISTRAR'S SIGNATURE Paul A. Hunolt	25. FUNERAL DIRECTOR'S SIGNATURE ASG	ADDRESS Edina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

A. H. Primer

Student Embalmer No.

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working under my personal supervision.

Student

A. H. Primer

Signature of Student Embalmer

Signed

Mrs. J. W. Hudson

Licensed Embalmer No.

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P. O. Address

Edina

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.