

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2210

State File No.

FILED JAN 28 1949

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5972 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>999</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flemington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wadsworth</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Pitts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 5 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Dec. 24-1887</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Min.		12. IF UNDER 1 YEAR Hours Min.		13. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Personel Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Falls Spring Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory Co., Mo. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James J. Pitts</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha Rader</u>	
14. NAME OF HUSBAND OR WIFE <u>Leah Pitts</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leah Pitts, 209 E. 34th St. Kansas City, Mo.</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>231</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from December, 1948, to January 5, 1949, that I last saw the deceased alive on January 4, 1949, and that death occurred at 11: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. H. Robinson M.D.</u>	23b. ADDRESS <u>Hannansville, Mo</u>	23c. DATE SIGNED <u>1/8/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Flemington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gorden Jewell Gorden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Primm</u>	ADDRESS <u>Hannansville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

804

RECEIVED
District Health Officer No. 71
District No. Number 12-48-1668
Date Filed 1-25-49

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 _____

Wm. W. Northrop

Student Embalmer No. 247

working under my personal supervision.

Signed E. H. Primm

Signed Wm. W. Northrop
Student Embalmer

Licensed Embalmer No. 4282

P. O. Address Humansville, 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 this body is not embalmed, fact should be so stated above.