

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23588**
Registrar's No. **3257**BIRTH NO. **42221-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 11 hrs.		d. STREET ADDRESS (If rural, give location) 3114 Agnes	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp			
3. NAME OF DECEASED (Type or Print) Infant		4. DATE OF DEATH (Month) (Day) (Year) July 26 1949	
a. (First)		b. (Middle)	
c. (Last) PITTELL			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 7/26/49
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Harold Pittell		13b. MOTHER'S MAIDEN NAME Miriam Ann Kupper	14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harold Pittell ADDRESS 3114 Agnes
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature delivery (5 1/2 mos.)		INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Maternal uterine inversion	
		DUE TO (c) Atelectasis	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 26 , 19 49 , to 7-26 , 19 49 , that I last saw the deceased alive on 7-26 , 19 49 , and that death occurred at 11:30 a. m., from the causes and on the date stated above.			
23a. SIGNATURE A.B. Sinclair, Jr. (Degree or title)		23b. ADDRESS 4711 Central St	23c. DATE SIGNED 7-27-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 27, 1949	24c. NAME OF CEMETERY OR CREMATORY SHEFFIELD	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 7-27-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis FUNERAL HOME ADDRESS 3400 Woodland	

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

115116

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.