

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27014**  
**3550**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>					
c. LENGTH OF STAY (in this place) <b>20 Yrs</b>				d. STREET ADDRESS (If rural, give location) <b>Hospital Hill -Unit 11A</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>									
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Sadie (Sarah)</b>		b. (Middle) <b>Sirena</b>		c. (Last) <b>Pitts</b>			
		4. DATE OF DEATH		(Month) <b>8</b>		(Day) <b>15</b> (Year) <b>1949</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>August 1 1897</b>		9. AGE (In years last birthday) <b>52</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Thomas Gabbie</b>		13b. MOTHER'S MAIDEN NAME <b>No Record</b>		14. NAME OF HUSBAND OR WIFE <b>Cooley King Pitts</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Donald C. Pitts</b> ADDRESS <b>Kansas City, Mo</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acidosis</b>									
ANTECEDENT CAUSES				DUE TO (b) <b>Diabetes mellitus</b>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>26 0'</b>		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) _____		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 <b>8-15</b> , 19 <b>49</b> , to <b>8-15</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Aug. 15</b> , 19 <b>49</b> , and that death occurred at <b>7:10 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title) _____				23b. ADDRESS <b>Med. Dir. Gen'l. Hosp.</b>		23c. DATE SIGNED <b>8-16-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 17 1949</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Greentown, Illinois</b>			
DATE REC'D BY LOCAL REG. <b>8-16-49</b>		REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster</b> ADDRESS <b>Kansas City, Mo</b>					

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

*Am 10/1/16*

**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 .....  
Student Embalmer

Signed.....

*Levi Clark*

Licensed Embalmer No. *4716*

P. O. Address *R 6 SMD*

**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.