

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42541**  
Registrar's No. **485**

FILED JAN 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568**

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) <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence RR 3</b>		d. STREET ADDRESS (If rural, give location) <b>RR 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>	b. (Middle) <b>David</b>	c. (Last) <b>Bittle</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 1, 1952</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec. 24, 1931</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (In years: last birthday) <b>20</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Orrick, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Weberton Bittle</b>	13b. MOTHER'S MAIDEN NAME <b>Dollie Burgess</b>	14. NAME OF HUSBAND OR WIFE <b>none</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>Mrs. Nellie M. Vest</b>
		ADDRESS <b>RR 6, K. C. 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, asthma, 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>Tobacco Poisoning</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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) (Min)	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 6:18 to 6:16A on 12/3/52, that I last saw the deceased alive on 12/3/52, and that death occurred at 6:16A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Carson</b> (Degree or title)	23b. ADDRESS <b>4050 Broadview St. Independence, Mo.</b>	23c. DATE SIGNED <b>12-2-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/3/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Six miles Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Jackson County, Mo.</b>

DATE REC'D BY LOCAL REG. <b>12-3-52</b>	REGISTRAR'S SIGNATURE <b>James H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b>	ADDRESS <b>Independence, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

480  
1-80

**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 Emil W. Halbrook

Licensed Embalmer No. 4901

P. O. Address Indep. 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.