

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3526 Walnut</u>				e. STREET ADDRESS (If rural, give location) <u>56 3114 Agnes 3868</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathan</u> b. (Middle) _____ c. (Last) <u>Pittell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-54</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>		8. DATE OF BIRTH <u>12-15-83</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Hours _____	Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker - Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Meyer Pittell</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Fannie</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Pittell</u>			ADDRESS <u>Home</u>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> <u>Myocardial Infarction</u> <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH  <u>443X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (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 <u>Jan 1952</u> to <u>May 6 1954</u> , that I last saw the deceased alive on <u>May 5 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Jack B. Brams</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3301 Park</u>				23c. DATE SIGNED <u>May 6 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>5-6-54</u>		REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Louis Fun'l Home</u>		ADDRESS <u>H.C. Mo.</u>			

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Guy Buffington*  
Licensed Embalmer No. 275

P. O. Address..... N. C. 7

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.