

## STANDARD CERTIFICATE OF DEATH

State File No. 16200

FILED JUN 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 2174

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 32 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		e. STREET ADDRESS (If rural, give location) 107 East 41st. Street 3678			

3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Brandon		c. (Last) Stith		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1954	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 5, 1879		9. AGE (in years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Dining Car Steward			11. BIRTHPLACE (City and State or Foreign Country) Stithton, Kentucky 1			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Lewis Stith			13b. MOTHER'S MAIDEN NAME Hannah Brandon			14. NAME OF HUSBAND OR WIFE Ethel Peck Stith		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 708-10-8286		17. INFORMANT'S SIGNATURE OR NAME Miss Martha Ethel Stith-107 E 41st Street				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, 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)		Acute Pulmonary Edema						Sudden	
ANTECEDENT CAUSES		DUE TO (b)		Arterio sclerosis				many years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		Arterial Hypertension				many years	
II. OTHER SIGNIFICANT CONDITIONS		Acute Coronary Thrombosis						May 1953	
Conditions contributing to the death but not related to the disease or condition causing death.		Cirrhosis of the Liver							

19a. DATE OF OPERATION No operation		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 \_\_\_\_\_, 1940 to May 11, 1954, that I last saw the deceased alive on May 11, 1954, and that death occurred at 4:50 Am., from the causes and on the date stated above.

22a. SIGNATURE CATH R. PERRY Sue Perry		(Degree or title) M.D.		23b. ADDRESS 934 1/2 18th Bldg Kansas City Mo		23c. DATE SIGNED May 12, 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-13-54		24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
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DATE REC'D BY LOCAL REG. 5-13-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer		ADDRESS Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Robert E. Herro*

Licensed Embalmer No. *Y.P.*

P. O. Address *A. C. M.*

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.