

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34088**  
Registrar's No. **4633**

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>4633</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Kansas</b><br>b. COUNTY<br><b>Wyandotte</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Kansas City</b>  |  | c. LENGTH OF STAY (in this place)<br><b>1 day</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Lakeside Hospital</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>2844 North 17th St.,</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br><b>PEARL</b>   |  | a. (First)  |  | b. (Middle)<br><b>MAY</b>  |  | c. (Last)<br><b>PITTS</b>   |  |
| 4. DATE OF DEATH<br><b>10 3 1954</b>  |  | 5. SEX<br><b>female</b>   |  | 6. COLOR OR RACE<br><b>white</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>            |  |
| 8. DATE OF BIRTH<br><b>6 - 14 - 1903</b>  |  | 9. AGE (In years last birthday)<br><b>51</b>  |  | IF UNDER 1 YEAR<br>Months Days   |  | IF UNDER 100 HRS.<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Lawrence, Kansas</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME<br><b>Orville H. Richardson</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Nellie Cochran</b>  |  | 14. NAME OF HUSBAND <del>Brady J. Pitts</del><br><b>Brady J. Pitts</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |  | 16. SOCIAL SECURITY NO.<br><b>513-09-1843</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Brady J. Pitts</b>   |  | ADDRESS<br><b>2844 N 17th St<br/>K.C.K.</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis 6 yrs</b><br>DUE TO (c) <b>Chronic Glomerulonephritis 6 yrs</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus 6 yrs</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b>                                  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>592X</b>   |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <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)   |  | 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>Oct 3</u> , 1954, to <u>Oct 3</u> , 1954, that I last saw the deceased alive on <u>Oct 3</u> , 1954, and that death occurred at <u>12:15 AM</u> from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE<br><b>A. J. Milazzo</b>  |  | (Degree or title) <b>D.O.</b>   |  | 23b. ADDRESS<br><b>1811 Grand</b>  |  | 23c. DATE SIGNED<br><b>10/4/54</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |  | 24b. DATE<br><b>Oct. 6, 1954</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cem.</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Kansas</b>         |  |
| DATE REC'D BY LOCAL REG.<br><b>10-4-54</b>  |  | REGISTRAR'S SIGNATURE<br><b>neva minshall</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Arthur Williams</b>   |  | ADDRESS<br><b>K.C.K.</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 32 24

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

*A. C. Werner*

Licensed Embalmer No. 2597

P. O. Address Kansas City Kansas

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.)

WERNER MORTUARY

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