

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33364
State File No. 4708
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No. 4708	
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 town) KANSAS City		c. LENGTH OF STAY (in this place township) 50 YEARS		c. CITY OR TOWN KANSAS City		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 MARY REST HOME 3215 Campbell				e. STREET ADDRESS (If rural, give location) 1332 OLIVE STREET 3250			
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) Litton		4. DATE OF DEATH (Month) (Day) (Year) Oct 31, 1955		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2- WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug 16, 1979		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN DOLEY			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ROBERT L. LITTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. RICHARD HOFFMAN 3505 GIBBS ROAD KANSAS CITY, KAS.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cerebral Arterial Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 331x
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 May 14, 1934, to Oct 27, 1955, that I last saw the deceased alive on Oct 27, 1955, and that death occurred at 6:35 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Gertrude Stevens (Degree or title) 2 Gertrude Stevens DO				23b. ADDRESS 1103 E Armour Blvd		23c. DATE SIGNED 11-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 2, 1955	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS City MISSOURI		
DATE REC'D BY LOCAL REG. 11-2-55		REGISTRAR'S SIGNATURE newa minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. NEWCOMER & SONS 1381-1385 CREEK KANSAS CITY, MO.			

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 *Richard L. Payne*.....

Licensed Embalmer No. *495*.....

P. O. Address *J. C. ...*.....

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.