

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40820**
5320

BIRTH NO. **288180-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5320**

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, Mo.		c. LENGTH OF STAY (in this place) 1 Day	c. CITY OR TOWN Kansas City, Mo.		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: St. Mary's Hospital K.C. Mo.			e. STREET ADDRESS (If rural, give location) 326 Gladstone, Blvd.		

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Douglas c. (Last) Pitts			4. DATE OF DEATH (Month) (Day) (Year) 12/6/55		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 12/5/55	9. AGE (In years last birthday)	# UNDER 1 YEAR Months 1 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 2 Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? America
13a. FATHER'S NAME Buddy LeRoy Pitts		13b. MOTHER'S MAIDEN NAME Mary Ann Cox		14. NAME OF HUSBAND OR WIFE none	
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 Buddy Leroy Pitts ADDRESS 326 Gladstone Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity -		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			776X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause otherwise undetermined DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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) m.	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 **5 Dec, 1955** to **5 Dec, 1955**, that I last saw the deceased alive on **5 Dec, 1955**, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE D.M. Love D.M. Love (Degree or title)	23b. ADDRESS Rev Bldg Kansas City Mo	23c. DATE SIGNED 6 Dec 55
24a. BURIAL - CREMATION - REMOVAL (Specify) Burial	24b. DATE 12/7/55	24c. NAME OF CEMETERY OR CREMATORY Flemington, Missouri
DATE REC'D BY LOCAL REG. 12-7-55	REGISTRAR'S SIGNATURE new Marshall	24d. LOCATION (City, town, or county) (State) Flemington, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home, ADDRESS Humansville, Mo.		

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

0.300
0.48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.