

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1450**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **42**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. B. Willoughby

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>5628 WAYNE AVENUE</b>	
3. NAME OF DECEASED a. (First) <b>MARTHA</b> b. (Middle) <b>FREDRICKA</b> c. (Last) <b>SITTEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 3 1956</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 4, 1865</b>
9. AGE (In years last birthday) <b>90</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 4 HRS: Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>BUFFALO, NEW YORK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Bernard Vander Hager</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF MARRIAGE OR <del>WIFE</del> <b>Charles Sittel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Theodore Sittel 5628 WAYNE AVENUE K.C. MO-</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture neck of rt. femur 1 Jan 56</b>	
19a. DATE OF OPERATION <b>2 Jan 56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Pm isolated in rt. leg - operation</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>4500</b> <b>2 days</b>	
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) (Min.)	
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 <b>1 Jan, 1956</b> to <b>3 Jan, 1956</b> that I last saw the deceased alive on <b>3 Jan, 1956</b> and that death occurred at <b>4:10 PM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. B. Willoughby</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>5905 Truman K 13</b>	
23c. DATE SIGNED <b>4 Jan 56</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24a. DATE REC'D BY LOCAL REG. <b>1-5-56</b>		24b. DATE <b>JAN. 5, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	

no  
just - given  
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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 *Adrian Jay Stitt*

Licensed Embalmer No. *4882*

P. O. Address *K. G. Mo*

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.