

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4798
Registrar's No. 817

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **16 yrs**
c. CITY OR TOWN **Kansas City**
d. FULL NAME OF HOSPITAL OR INSTITUTION **1200 E. 33rd Apt. 12**
e. STREET ADDRESS **1200 E. 33rd St. Apt. 12**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY **Jackson**
d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED
a. (First) **JOSEPH**
b. (Middle) **B**
c. (Last) **GITTINGS**

4. DATE OF DEATH (Month) (Day) (Year)
2 22 56

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Dec 26 1880**
9. AGE (In years last birthday) **75**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Accountant**
10b. KIND OF BUSINESS OR INDUSTRY **Lumber**
11. BIRTHPLACE (City and State or Foreign Country) **Marysville, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Edward S. Gittings**
13b. MOTHER'S MAIDEN NAME **Rose Althea Mudd**
14. NAME OF HUSBAND OR WIFE **Hazel M. Gittings**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**
16. SOCIAL SECURITY NO. **491-09-0101**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Hazel M. Gittings 1200 E 33rd St.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Myocardial Infarction**
ANTECEDENT CAUSES DUE TO (b) **Acute Thrombosis of Cor Artery**
DUE TO (c) **Hydrothorax**
11. OTHER SIGNIFICANT CONDITIONS **Hydrothorax**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION **Hypertrophy of Pericardium**
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE **Russell W. Kerr**
23b. ADDRESS **St Joseph Hospital**
23c. DATE SIGNED **23 Feb 56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **2-25-56**
24c. NAME OF CEMETERY OR CREMATORY **Mt. Moriah**
24d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

DATE REC'D BY LOCAL REG. **2-23-56**
REGISTRAR'S SIGNATURE **neva minshall**
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Melody-McGilley-Bylar 1800 E. Limwood**

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... *Melvin Bortean*

Licensed Embalmer No.. *4903*

P. O. Address *K.C., 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.