

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH157-021420
STATE FILE NUMBER

40091-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2535

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nickman Mills</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors' Hosp. 23 hr</u>			Length of stay in lb <u>7000</u>	d. STREET ADDRESS <u>6004 E. 100 Terr</u>		If outside, give location Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Judy Charla Fittle</u>				First <u>Judy</u>	Middle <u>Charla</u>	Last <u>Fittle</u>	4. DATE OF DEATH Month <u>5</u> - Day <u>29</u> - Year <u>57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5/28/57</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>23</u> Hours <u>23</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>23</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
12. FATHER'S NAME <u>John D. Fittle</u>				14. MOTHER'S MAIDEN NAME <u>Juanita Burnam</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no; if unknown) (If yrs. give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>J. D. Fittle Nickman Mills Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>atelectasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity (8 weeks)</u> DUE TO (c) <u>7625</u>							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>8:15</u> Month <u>5</u> Day <u>29</u> Year <u>1957</u> a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Belton, Mo.</u>			COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>5-28-1957</u> to <u>5-29-1957</u> and last saw her alive on <u>5-29-57</u> . Death occurred at <u>8:15 AM.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>John R. McKeel</u>				22b. ADDRESS <u>Belton, Mo.</u>		22c. DATE SIGNED <u>5/29/57</u>		
23a. BURIAL, CREMATION, or other (Specify)		23b. DATE <u>5/30/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Belton, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>			
24. FUNERAL DIRECTOR <u>George & Sons Belton</u>			ADDRESS <u>Belton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-30-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John R. Mc Keel D.O.

801-5482



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 *Perley E. Todd*

Licensed Embalmer No: 49

P. O. Address: *Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.