

**PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036344**

**FILED VS NOV 2 1959**

149

Registration District No. 1002

Registrar's No.

**4959**

STATE FILE NUMBER

MAILED

12/17/59

Kansas City, Missouri

Kansas City, Kansas

II

DOCUMENT Verified by mother

BY AFFIDAVIT OF Registrar

MEDICAL CERTIFICATION

L. M. Pittman

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>4 1/2 Mon.</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1612 Agnes</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1612 Agnes</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JUILLETTE</b> Middle <b>DENISE</b> Last <b>PITTMAN</b>			4. DATE OF DEATH Month <b>10</b> Day <b>13</b> Year <b>59</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-21-59</b>
9. AGE (last birthday) <b>4 1/2 Mon.</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>22</b>	IF UNDER 24 HR Hours <b>22</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Willie D. Pittman</b>	
13b. MOTHER'S MAIDEN NAME <b>Willie Lee</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <b>BO</b> or dates of service)		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT <b>Willie D. Pittman 1612 Agnes</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary congestion</b> DUE TO (b) <b>myocardial insufficiency</b> DUE TO (c) <b>Hypertrophic Thyroid Gland</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <b>11</b> a.m. Month, Day, Year, <b>10-17-59</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Deputy coroner</b>		22b. ADDRESS <b>1618 Lydia Ave</b>	22c. DATE SIGNED <b>10/14/59</b>
23a. BURIAL, CREMATION, or other disposition (specify) <b>burial</b>		23b. DATE <b>10-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>
23d. LOCATION (City, town, or county) <b>Kansas City</b>		23e. (State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Watkins Bros. Fu. Home 18th Benton</b>		25. DATE RECD. BY LOCAL REG. <b>10-15-59</b>	26. REGISTRAR'S SIGNATURE <b>Wesley Marshall</b>

**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 Brian R. Watkins

Licensed Embalmer No. 4500

P.O. Address 15th Banta

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.