

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006661

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

UNAMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1079 STATE FILE NUMBER

**FILED MAR 7 1962**

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>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>23 yrs</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospt No 1</b>		d. STREET ADDRESS (If outside, give location) <b>1330 East 17th St</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>HENRY</b> Last <b>PITTS</b>			4. DATE OF DEATH Month <b>2</b> Day <b>20</b> Year <b>62</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-5-1895</b>	9. AGE (last birthday) <b>66 yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Pacific RR</b>		11. BIRTHPLACE (City and state or country) <b>Sherman, Texas</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Sam Pitts</b>		13b. MOTHER'S MAIDEN NAME <b>Gussie McWright</b>	
14. NAME OF HUSBAND OR WIFE <b>Lorena Pitts</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Lorena Pitts</b>		Address <b>1330 East 17th Street</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>Hemorrhagic Shock</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Internal + Thoracic + Abdominal Hemorrhage</b>		
DUE TO (c) <b>Multiple Penetrating Gunshot Wounds of Chest + Abdomen.</b>		
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 checked="" 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>8:30</b> p.m. Month, Day, Year <b>2/20/62</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.) <b>1330 E 17</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson, Mo.</b>	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw 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 <i>[Signature]</i>	22b. ADDRESS <b>1618 Lydia Ave</b>	22c. DATE SIGNED <b>2/21/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-23-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>
23d. LOCATION (City, town, or county) <b>Ft. Leavenworth, Kansas</b>		

24. FUNERAL DIRECTOR <b>Watkins Bros. Funeral Home 18th &amp; Benton</b>	25. DATE RECD. BY LOCAL REG. <b>2-22-62</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 [Signature]  
 ITEM NO. SHOULD READ

STATE OF OHIO

**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 Bruce R. Watkins

Licensed Embalmer No. 45-00

P. O. Address 18th & Beulah

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.