

FILED NOV 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37265  
4696

BIRTH NO. 74489 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>8 hrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>8125 Madison</b>	

3. NAME OF DECEASED (Type or Print) <b>Timothy</b>			a. (First)			b. (Middle)			c. (Last) <b>STITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 6 - 50</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Male</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>		8. DATE OF BIRTH <b>11-6-50</b>			9. AGE (In years last birthday)		10. UNDER 1 YEAR Months		11. UNDER 1 MTH. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>				11. BIRTHPLACE (State or foreign country) <b>St. Joseph Hosp., K.C., Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Vernon Stith</b>			13b. MOTHER'S MAIDEN NAME <b>Ruby C. Puller</b>			14. NAME OF HUSBAND OR WIFE <b>Infant</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 <b>Vernon Stith, 8125 Madison, K. C., Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral pulmonary atelectasis</b>						<b>7620</b>	
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Multiple ecchymoses of heart</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4 liver, 4 lungs.</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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 <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 **pathologist**, 19\_\_\_, that I last saw the deceased alive on \_\_\_ 19\_\_\_, and that death occurred at \_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>F. P. Niedermeyer</b> (Degree or title)		23b. ADDRESS <b>5910 Mc Lee, B.C. Mo</b>		23c. DATE SIGNED <b>Nov. 7, 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-7-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Bridget</b>		24d. LOCATION (City, town, or county) (State) <b>Scammon, Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>11-7-50</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody McGilley-Eylar, 1800 Linwood, Mo. C</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Max H. Kirkendall

Licensed Embalmer No. 4632

P. O. Address A. 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 this body is not embalmed, fact should be so stated above.