

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12754

State File No. 1484
Registrar's No. 1002

BIRTH NO. _____		REG. DIST. NO. <u>449</u>		PRIMARY REG. DIST. NO. <u>1002</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>16 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1617 Brooklyn</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1617 Brooklyn</u>			d. STREET ADDRESS (If rural, give location) <u>1617 Brooklyn</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>Pittman</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 10, 1873</u>	9. AGE (In years last birthday) <u>77</u>	10. <input type="checkbox"/> UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Center Town, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James W. Pair</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Starks</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Pittman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laura Graham</u>		ADDRESS (No.) <u>4045 Enright St. Louis</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive type 1st disease</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) <u>Chronic Parenchymatous Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Cardiac Decompensation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>?</u> <u>?</u> <u>? 5921</u>	
19a. DATE OF OPERATION <u>2w</u>	19b. MAJOR FINDINGS OF OPERATION <u>see</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>10-1-</u> <u>1950</u> , to <u>4-2-</u> <u>1951</u> , that I last saw the deceased alive on <u>4-2-</u> <u>1951</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. S. Wells MD</u> (Degree or title)			23b. ADDRESS <u>2122-E-15th K.C. Mo. 4-5-51</u>		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-5-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. 1729 Lydia</u>		ADDRESS _____

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
Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1729 Lydia

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.