

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8600

State File No. 1221

FILED MAR 29 1952

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 26 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1336 CHARLOTTE 3668
d. FULL NAME OF HOSPITAL OR INSTITUTION 1336 CHARLOTTE					

3. NAME OF DECEASED (Type or Print) a. (First) FLORA b. (Middle) ADA c. (Last) STITH			4. DATE OF DEATH (Month) (Day) (Year) 3 - 13 - 52		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED ✓	8. DATE OF BIRTH 3-26-72		9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months	11. UNDER 1 MRS. Hours	12. MINS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME MORRITZ SCHUSTER		13b. MOTHER'S MAIDEN NAME RACHEL HILDEBRAND		14. NAME OF HUSBAND OR WIFE MILTON P. STITH (DECEAS)			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ETHEL REED				ADDRESS 1336 CHARLOTTE	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Langrene Rt lower leg</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Thrombosis Rt Popliteal artery 1 week</i> DUE TO (c) <i>Generalized Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>5 years</i> <i>4500</i>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from *Jan 18 1952* to *Mar 13 1952*, that I last saw the deceased alive on *Mar 13 1952*, and that death occurred at *5:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Carl H. Brust</i> (Degree or title) MD		23b. ADDRESS <i>106 W 14th St K.C. Mo</i>		23c. DATE SIGNED <i>Mar 13 1952</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL <i>ll</i>	24b. DATE <i>2-11-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>BOONVILLE, MO.</i>	24d. LOCATION (City, town, or county) (State) <i>BOONVILLE, MO.</i>		
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DATE REC'D BY LOCAL REG. <i>3-14-52</i>	REGISTRAR'S SIGNATURE <i>Theraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>STINE & MC CLURE</i>		ADDRESS <i>K.C., MO.</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

414757
~~Wentworth~~ 11-30
~~Morgan~~
~~Ripley~~
Bealy

Dr. Carl P. Bunt
106 W. 14 St &
For 0060

2:30 - 4:30

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 J. A. Walton

Licensed Embalmer No. 2744

P. O. Address K 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.