

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44717
Registrar's No. 5580

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5580</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		c. CITY OR TOWN <u>Lee's Summit</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Downtown Hospital</u>	
e. STREET ADDRESS <u>205 East 3rd St.</u>		f. (If rural, give location)		g. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1956</u>		h. 760/0	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>Alexander</u>		c. (Last) <u>Sitton</u>	
4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		7. DATE OF BIRTH <u>Nov. 12, 1866</u>	
8. AGE (In years last birthday) <u>90</u>		9. IF UNDER 1 YEAR Months Days		10. IF UNDER 4 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Stanbury, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stanbury, Missouri</u>	
13a. FATHER'S NAME <u>John Sitton</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Caster</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Sitton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>493-12-1500</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lydia Sitton, Lee's Summit, Mo.</u>		18. ADDRESS <u>Lee's Summit, Mo.</u>		19. MEDICAL CERTIFICATION	
18. NO. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Cardiac dilatation</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia Broncho</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4914</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 <u>12-1</u> , <u>1956</u> , to <u>12-23</u> , <u>1956</u> , that I last saw the deceased alive on <u>12-23</u> , <u>1956</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Philip Saper M.D.</u> (Degree or title) C	
23b. ADDRESS <u>Lee's Summit Mo</u>		23c. DATE SIGNED <u>12-24-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 26, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neva Marshall</u>		ADDRESS <u>Langsford Funeral Home, Lee's Summit</u>	
DATE REC'D BY LOCAL REG. <u>12-24-56</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>Langsford Funeral Home, Lee's Summit</u>	

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.....
Signature of Student Embalmer

Signed *D. B. Langford*.....
Licensed Embalmer No. *496*

P. O. Address *Lee's Summit*

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.