

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22865**

FILED AUG 11 1949

BIRTH NO. 48058-49 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>CHINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>	
c. LENGTH OF STAY (In this place) <u>17 hrs</u>		2. d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON Cmty. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALAN</u> b. (Middle) <u>LYLE</u> c. (Last) <u>BIETZSCHOLD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>aug 5 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	
8. DATE OF BIRTH <u>aug 5 1949</u>		9. AGE (In years last birthday) <u>17A30</u>		IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Camerton MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>H. Lyle Bietzschold</u>		13b. MOTHER'S MAIDEN NAME <u>Gladys Coats</u>		14. NAME OF HUSBAND OR WIFE <u>Herena MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY "NO." <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. Lyle Bietzschold</u> ADDRESS <u>CAMERON, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		DUE TO (b) <u>failure of central venous respiration center</u>		7730	
		ANTECEDENT CAUSES		DUE TO (c) <u>congenital</u>		18hr	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>none</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

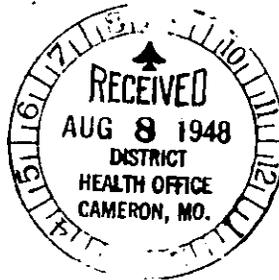
22. I hereby certify that I attended the deceased from 8-5-49, 19 to 8-5-49, 19, that I last saw the deceased alive on 8-5-49, 19, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Camerton MO</u>		23c. DATE SIGNED <u>8-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSBORN CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>OSBORN MO</u>	

DATE REC'D BY LOCAL REG. <u>8-6-49</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mosely</u> 396		25. FUNERAL DIRECTOR'S SIGNATURE <u>Demoss CRUNK</u> ADDRESS <u>CAMERON, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed _____

Geo. Max Sprunk

Signed _____
Student Embalmer

Licensed Embalmer No. 2533

P. O. Address Cameron, 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.