No. 300
10.48

FILED AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28680

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5687 Registrar's No. 202

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Brookfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #11 - S. of Brookfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CARROLL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL "STOKESMOUND TWP."
d. STREET ADDRESS (If rural, give location): 17 miles North of Carrollton

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) JEANNE c. (Last) BITTIKER

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: OCT. 22, 1939
9. AGE (In years last birthday): 12 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY: CHILD
11. BIRTHPLACE (City and State or Foreign Country): CARROLL COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JAMES B. BITTIKER, JR.
13b. MOTHER'S MAIDEN NAME: HELEN LUCILLE MORITZ
14. NAME OF HUSBAND OR WIFE: NOT MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Gene Bittiker, ADDRESS: Carrollton, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE TRAUMATIC ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (MULTIPLE INJURIES
DUE TO (c) FROM AUTO ACCIDENT)

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: 158
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY #11
21c. (CITY, TOWN, OR TOWNSHIP) BROOKFIELD **(COUNTY)** LINN **(STATE)** Mo.
21d. TIME OF INJURY (Month) AUGUST (Day) 10 (Year) 1952 (Hour) 4:00 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* AUGUST 10, 1952, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John W. Whitehead (Degree or title) M.D.
23b. ADDRESS BROOKFIELD HOSPITAL BROOKFIELD MISSOURI
23c. DATE SIGNED 8-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cem.
24d. LOCATION (City, town, or county) ~~Carrollton~~ Dewitt (State) Missouri

DATE REC'D BY LOCAL REG.: 8-14-52
REGISTRAR'S SIGNATURE: Nadine Stambach
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley Gibson **ADDRESS:** Carrollton, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 5 1952

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.