

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38769

FILED NOV 22 1952

4781

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kanas City Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kanas City, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3616 Olive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3616 Olive</u>				d. STREET ADDRESS (If rural, give location) <u>3616 Olive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u>		b. (Middle) <u>Kittlewick</u>		c. (Last) <u>Kittlewick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1 52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 24, 1868</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u>8</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Colone Germany</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Colone Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theodore Kittlewick</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Gassan Kittlewick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Helen Kittlewick 3616 Olive KC, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia Diabetic Gangrene left leg</u>		DUE TO (b) <u>Diabetes mellitus</u>				<u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerosis, Generalized</u>				<u>2.5 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation</u>				<u>decade</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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Spring</u> , 19 <u>49</u> , to <u>today</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1 Nov</u> , 19 <u>52</u> , and that death occurred at <u>3:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE OF REGISTRAR <u>Dorothy Elliott</u>		23b. ADDRESS <u>1102 Grand 1402 Bryant Bldg KC6, Mo</u>		23c. DATE SIGNED <u>1 Nov 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>11-1-52</u>		REGISTRAR'S SIGNATURE <u>Dorothy Elliott</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Heider</u>		ADDRESS <u>Higginsville, Mo.</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 _____
Student Embalmer

Signed

Forest Reekhof

Licensed Embalmer No. *42084*

P. O. Address

Hepburnville, 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.

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