

STANDARD CERTIFICATE OF DEATH

State File No. **34181**
Registrar's No. **4505**

FILED NOV 2-1956

BIRTH NO. **70443-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 5 da.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hosp.		f. STREET ADDRESS (If rural, give location) 1649 So. 63rd Street	

3. NAME OF DECEASED (Type or Print) Bobbie Gene Joseph Pretz			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (specify) 0	8. DATE OF BIRTH Oct. 5 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Ralph J. Pretz		13b. MOTHER'S MAIDEN NAME Jeannie Justice		14. NAME OF HUSBAND OR WIFE None	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Pretz, (Father)	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGENITAL ANOMALIES			
		DUE TO (c) Malnutrition			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition		7593	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. 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 **10/5**, 19**56**, to **10/14**, 19**56**, that I last saw the deceased alive on **10/14**, 19**56**, and that death occurred at **5:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. M. Pierce (Degree or title) Dr. Turner, Kansas		23b. ADDRESS 10/15/56		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 15 56		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	
				24d. LOCATION (City, town, or county) (State) Shawnee, Kansas	
DATE REC'D BY LOCAL REG. 10-16-56		REGISTRAR'S SIGNATURE Heva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons K. CK.	

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 *Donor H. James*.....

Licensed Embalmer No. *4822*

P. O. Address *H. C. H.*

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.