

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036461
STATE FILE NUMBER
4866

FILED NOV 7 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
v. 1-57

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City 815 g |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran | | Length of stay in 1b 14 Days | d. STREET ADDRESS (If outside, give location) 2210 North 31th. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Liza Middle Jane Last Kitchel | | | 4. DATE OF DEATH Month October Day 14 Year 1958 | | |
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|-------------------------|----------------------------------|---|--|--|--------------------------------|--------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 8-1895 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Miller County, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Robert Kitchel | 13b. MOTHER'S MAIDEN NAME 112- Ato Vaughn | 14. NAME OF HUSBAND OR WIFE Roy Kitchel |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. 510-07-780s | 17. INFORMANT Mrs. Fern Zupan, 5517 Cedar, Rayton, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 48 hr. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypostatic Congestion | | 8 days. |
| | DUE TO (c) Bronchogenic Carcinoma | | 4 months. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from **Oct 6, 1958** to **Oct 14, 1958** and last saw her alive on **Oct. 14, 1958**
Death occurred at **8:15 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Otto W. Theell (Degree or title) D | 22b. ADDRESS Kansas City, Missouri | 22c. DATE SIGNED 10/15/1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Oct. 17-1958 | 23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| 24. FUNERAL DIRECTOR Jos. A. Butler's Son ADDRESS K.C.K. | 25. DATE RECD. BY LOCAL REG. 10-15-58 | 26. REGISTRAR'S SIGNATURE neva Marshall |
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doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Otto W. Theell

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 _____


Licensed Embalmer No. 3426 Misso
P. O. Address Kansas City, Kans

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.