

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010801

FILED VS MAR 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1411 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo.</u>		Length of stay in 1b <u>8 days</u>	c. CITY OR TOWN <u>Concordia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childrens Mercy</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Route 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Bradley Wayne Bitzenburg</u>			4. DATE OF DEATH Month Day Year <u>3 8 1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/23/39</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 24 HR Hours <u>15</u> 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 (City and state or country) <u>Wabery, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Arthur Bitzenburg</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Lolonde</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (to) or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Arthur Bitzenburg Rt. 2 Concordia Mo.</u>	Address
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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) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>3-1-60</u> to <u>3-8-60</u> and last saw him alive on <u>3-8-60</u> Death occurred at <u>8:40</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Stanley Penner M.D.</u>	22b. ADDRESS <u>1700 Independence Ave K.C., Mo.</u>	22c. DATE SIGNED <u>3-8-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3/8/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>-</u>	23d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>
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24. FUNERAL DIRECTOR <u>Marshall F.H.</u>	ADDRESS <u>Carrollton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Irlva Minshall</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Stanley Penner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas A. Kaehle

Licensed Embalmer No. 4995

P. O. Address B.C., Md

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.