

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6188 -60-046076
STATE FILE NUMBER

FILED VS. DEC 3 0 1960

149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 55 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Nurs Home 512 Woodland				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 510 Wakash		
3. NAME OF DECEASED (Type or print) First Belinda Middle Gittinger Last Gittinger				4. DATE OF DEATH Month Dec Day 9 Year 1960				
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 Dec 7, 1876		
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John Nellion			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Harry Gittinger		
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. None		17. INFORMANT Maurice Connors 4416 Holly Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma (Sarcomatoid) primary in colon							INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Uræmia							2 months	
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		
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.)				
20c. TIME OF INJURY Hour 0 a.m. 0 p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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		
21. I attended the deceased from 7-25-59 to 12-9-60 and last saw her her alive on 12-7-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Fred H. Lundgren M.D.				22b. ADDRESS 315 Nichols Road.		22c. DATE SIGNED 12-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 10, 1960		23c. NAME OF CEMETERY OR CREMATORY St Marys		23d. LOCATION (City, town, or county) (State) Kansas City Mo		
24. FUNERAL DIRECTOR Muehlebach		ADDRESS 6800 Troost		25. DATE RECD. BY LOCAL REG. 12-9-60		26. REGISTRAR'S SIGNATURE H.L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF Fred H. Lundgren MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed J. T. Crowell

Licensed Embalmer No. 4905

P. O. Address H. C. 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.