MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010761

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1128

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 26 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN RAYTOWN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8114 MANNING — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First KENNETH Middle I Last BARTHEL

4. DATE OF DEATH: Month FEBRUARY Day 24 Year 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/18/25

9. AGE (last birthday) 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVISION MANAGER

10b. KIND OF BUSINESS OR INDUSTRY SEARS-ROEBUCK & CO.-PLAZA STORE

11. BIRTHPLACE (City and state or country) DENVER, COLORADO

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME GEORGE OTTO BARTHEL

13b. MOTHER'S MAIDEN NAME JOSEPHINE PIERCE

14. NAME OF HUSBAND OR WIFE GERNA LEA BARTHEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR II

16. SOCIAL SECURITY NO.

17. INFORMANT GERNA LEA BARTHEL Address 8114 MANNING RAYTOWN, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Pulmonary Fibrosis~~-Etiology Undetermined — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 1954, to Feb. 24, 1960 I last saw her/him alive on 2/23/62
Death occurred at 12:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl H. Reitz (Degree or title) M.D.

22b. ADDRESS 7329 Broadway, K.C., Mo.

22c. DATE SIGNED 2/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE FEB. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. ADDRESS 1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG. 2-26-62

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl H. Pretz
7329 Broadway
1:00-5:00

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 Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address St. Louis.

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.