MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042978

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5684

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 3888
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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: 23 Years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6927 Chestnut St. — 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: Kansas City — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 6927 Chestnut St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHN Middle: WILLIAM Last: TIETGE

4. DATE OF DEATH Month: November Day: 7 Year: 1962

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/18/1899

9. AGE (last birthday): 63 — 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): Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Smithville, Mo.

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

13a. FATHER'S NAME: William A. Tietge

13b. MOTHER'S MAIDEN NAME: Mary Addie Tull

14. NAME OF HUSBAND OR WIFE: Mary Viola Tietge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Mary Viola Tietge, 6927 Chestnut Ave. Kansas City, Mo.

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 Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chronic Bronchitis

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 8-25-1949 to 11-7-62 and last saw ~~her~~ him alive on 11-7-62

Death occurred at 8:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo. H. Jones M.D.

22b. ADDRESS: 1435 E 78th.

22c. DATE SIGNED: 11-8-62

MEDICAL CERTIFICATION

Geo. H. Jones

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

23b. DATE: Nov. 12, 1962

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): Atchison Kansas

24. FUNERAL DIRECTOR ADDRESS: D.W. Newcomer's Sons, 1331 Brush Creek Blvd. Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 11-9-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. George Humphrey Jones
1435 East 78th Street

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_____ Signed Basil V Honey
Signature of Student Embalmer

Licensed Embalmer No. 4724

P. O. Address KCMO

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.