

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047136
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1455

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

15117
3508
2660

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4 0
5 1
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7 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF M.B. Pettit, M.D. MEDICAL CERTIFICATION

FILED DEC 30 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 12 months	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8321 Lydia
3. NAME OF DECEASED (Type or print) BERNIE WIAR RICHNER		4. DATE OF DEATH Month December Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 30, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentry	9. AGE (last birthday) 82
13a. FATHER'S NAME Reuben Scott Richner		13b. MOTHER'S MAIDEN NAME Dora Locey	11. BIRTHPLACE (City and state or country) Indiana
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. [REDACTED]	12. CITIZEN OF WHAT COUNTRY USA
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia		14. NAME OF HUSBAND OR WIFE Iva Richner	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (prostate hyperplasia) Decubitus, ulcers, dehydration, urinary obstruction		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 _____ a.m. _____ p.m. Month, Day, Year _____	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 St. Joseph	COUNTY Buchanan STATE Mo.
21. I attended the deceased from 12-31-62 to 12-23-63 and last saw ^{XX} her him alive on 12-2363		Death occurred at 10:24 AM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Manson Pettit M.D.</i>		22b. ADDRESS State Hospital No. #, St. Joseph	22c. DATE SIGNED 12-23-63
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 12-26-1963	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR MUEHLEBACH 6800 TRUST		25. DATE RECD. BY LOCAL REG. Dec. 23, 1963	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Standell</i>

USE BLACK INK OR TYPEWRITER RIBBON

(Record Embalmer's Statement on Reverse Side)

DEC 31 1963

Permit issued 12-23-63

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 R.E. Nichols, Student Embalmer No. 4997 K.C. Mo.
working under my personal supervision.

Student _____ Signed R.E. Nichols
Signature of Student Embalmer

Licensed Embalmer No. 4997
P. O. Address K.C. Mo.

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.