

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36815

State File No.

FILED NOV. 12 1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6958 Registrar's No. 79

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| 1. PLACE OF DEATH a. COUNTY Platte | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas | | b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City <i>Canale</i> | | c. LENGTH OF STAY (in this place) None | | c. CITY OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles South on # 71 | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| | | e. STREET ADDRESS | | (If rural, give location) 8150 8 | |

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|--|------------------------------|--------------------------|--------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Clinton | b. (Middle) M. | c. (Last) Bredemeier | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1953 |
|--|------------------------------|--------------------------|--------------------------------|--|

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|-----------------------|----------------------------------|---|--|--|---------------------------|-------------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Jan. 25, 1920 | 9. AGE (In years last birthday) 33-9-6 | If UNDER 1 YEAR Months | If UNDER 4 HRS. Days | Hours | Min. |
|-----------------------|----------------------------------|---|--|--|---------------------------|-------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Independent Ice | 10b. KIND OF BUSINESS OR INDUSTRY Dealer | 11. BIRTHPLACE (City and State or Foreign Country) Marion Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Albert Bredemeier | 13b. MOTHER'S MAIDEN NAME Esther Bare | 14. NAME OF HUSBAND OR WIFE Divorced - - - |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. 511-14-7117 | 17. INFORMANT'S SIGNATURE OR NAME Albert Bredemeier, 2836 No. 12th K.C.K. | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BURNED TO DEATH | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PLATTE PLATTE MO. |
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| 21d. TIME OF INJURY Oct. 31, 1953 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? AUTO-TRUCK COLLISION |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Roland M. Gifflee | (Degree or title) Coroner | 23b. ADDRESS Platte City, Missouri | 23c. DATE SIGNED 11/3/1953 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11/4/1953 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Kansas |
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| DATE REC'D BY LOCAL REG. 11-3-53 | REGISTRAR'S SIGNATURE Chelia Rollins | 25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons, | ADDRESS Kansas City, Kansas |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Russell W Dennis*.....

Licensed Embalmer No..... 3462

P. O. Address..... Kansas City,

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