

FILED JUL 28 1954

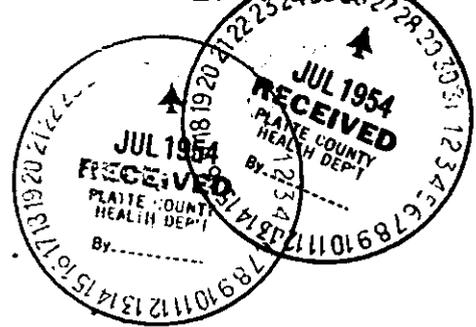
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24010

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6968 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Kansas b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Carrol Twn.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leavenworth	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles So. West Smithville		d. STREET ADDRESS (If rural, give location) 231 Walnut	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Richard c. (Last) Barthel			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1954
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1917
9. AGE (In years last birthday) 36		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer	10b. KIND OF BUSINESS OR INDUSTRY City of Leavenworth
11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred R. Barthel		13b. MOTHER'S MAIDEN NAME Nora Spain	
14. NAME OF HUSBAND OR WIFE Tillie Barthel		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. Unkown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Tillie Barthel	
17. ADDRESS Leavenworth		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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple internal chest injuries		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8244 32			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 083			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Bridge collapsed with car on it.			
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 _____, from the causes and on the date stated above.			
23a. SIGNATURE Robert M. Giffey, Coronel		23b. ADDRESS Platte City, Mo.	
23c. DATE SIGNED 7-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-22-54	
24c. NAME OF CEMETERY OR CREMATORY Mt. Muncey		24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas.	
DATE REC'D BY LOCAL REG. 7-22-54		REGISTRAR'S SIGNATURE Uphria Rollins 2570	
25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home		ADDRESS Smithville, Mo.	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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 this body is not embalmed, fact should be so stated above.