

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4756-61-032750
STATE FILE NUMBER

AMENDED

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

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 20 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1221 E. 45th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print). First HERBERT Middle W. Last BREITENSTEIN				4. DATE OF DEATH Month September Day 22 Year 1961							
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-25-75		9. AGE (last birthday) 86			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator			10b. KIND OF BUSINESS OR INDUSTRY Pipe Line		11. BIRTHPLACE (City and state or country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Christian Breitenstein			13b. MOTHER'S MAIDEN NAME Frances Scales		14. NAME OF HUSBAND OR WIFE none						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO.		17. INFORMANT Address VA HOSPITAL OFFICIAL RECORDS, K. C. 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) Cornary thrombosis								INTERVAL BETWEEN ONSET AND DEATH			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 8:15 p. 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		COUNTY		STATE	
21. Attended the deceased from 8-16-61 to 9-22-61 Death occurred at 8:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Stephen Parker, M.D.						22b. ADDRESS VA Hospital, K. C. Mo.			22c. DATE SIGNED 9-23-61		
23a. BURIAL CREMATION, REMOVE (Specify)		23b. DATE Sept. 26, 1961		23c. NAME OF CEMETERY OR CREMATORY Woodlawn			23d. LOCATION (City, town, or county) Independence, Mo.			(State)	
24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo.				25. DATE RECD. BY LOCAL REG. 9-25-61		26. REGISTRAR'S SIGNATURE Ruth Long					

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

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.