CERTIFICATE OF DEATH

STATE FILE NUMBER: 124-97-10428

REGISTRATION DISTRICT NO. | REGISTRAR'S NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ANASTASIA ELIZABETH WITBOLSFEUGEN
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): OCTOBER 23, 1997
4. SOCIAL SECURITY NO.: 494-94-2945
5a. AGE - Last Birthday: 18
5b. UNDER 1 YEAR: Months / Days / Hours / Minutes
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): JULY 14, 1979
7. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY, MISSOURI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No ☐ Unk
9a. PLACE OF DEATH (check only one; see instructions on other side): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Residence ☒ Other (Specify): CEMETERY
9b. FACILITY NAME (If not institution, give street and number): 8604 E. TRUMAN ROAD
9c. CITY, TOWN OR LOCATION OF DEATH: KANSAS CITY
9d. COUNTY OF DEATH: JACKSON
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): NEVER MARRIED
11. SURVIVING SPOUSE (If wife, give full maiden name): NOT APPLICABLE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): STUDENT
12b. KIND OF BUSINESS OR INDUSTRY: NOT APPLICABLE
13a. RESIDENCE - STATE: MISSOURI
13b. COUNTY: JACKSON
13c. CITY, TOWN, OR LOCATION: INDEPENDENCE
13d. ZIP CODE: 64050
13e. STREET AND NUMBER: 427 N. DELAWARE
13f. INSIDE CITY LIMITS: ☒ Yes ☐ No
13g. YEARS AT PRESENT ADDRESS: ☒ Under 5 ☐ 5-9 ☐ 10-19 ☐ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0-12): 12 | College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROBERT CHRISTIAAN WITBOLSFEUGEN
18. MOTHER'S NAME (First, Middle, Maiden Surname): ELIZABETH EDNA JUNG

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ROBERT WITBOLSFEUGEN
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 427 N. DELAWARE, INDEPENDENCE, MISSOURI 64050

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): CREMATION
20b. DATE OF DISPOSITION (Month, Day, Year): NOV. 3, 1997
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MOUNT MORIAH CREMATORY
20d. LOCATION - City or Town, State: KANSAS CITY, MISSOURI
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ▶ [signature]
22a. NAME AND ADDRESS OF FACILITY: MOUNT MORIAH & FREEMAN FUNERAL HOME 10507 HOLMES ROAD, KANSAS CITY, MO. 64131
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER: 2416

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line. (See instructions on other side.)
- IMMEDIATE CAUSE (Final disease or condition resulting in death): a. GUNSHOT WOUND TO NOSE (UNKNOWN TYPE OF GUN)
- DUE TO (OR AS A CONSEQUENCE OF):
- b. DUE TO (OR AS A CONSEQUENCE OF):
- c. DUE TO (OR AS A CONSEQUENCE OF):
- d.

Approximate Interval Between Onset and Death:

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

24. IF DECEASED WAS FEMALE 10-49 WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☒ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No

26. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☒ Homicide
27a. DATE OF INJURY (Month, Day, Year): 10-23-97
27b. TIME OF INJURY: UNKN
27c. WAS INJURY ALCOHOL-RELATED? (For ages 15 and over) ☐ Yes ☐ No ☒ Unk.
27d. INJURY AT WORK? ☐ Yes ☐ No ☒ Unk.
27e. DESCRIBE HOW INJURY OCCURRED: SHOT BY ANOTHER
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): FOUND IN CEMETERY
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State): UNKNOWN

CERTIFIER

28a. (Specify) ☐ CERTIFYING PHYSICIAN ☒ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ [signature] MD
28c. DATE SIGNED (Month, Day, Year): 10/28/97
28d. TIME OF DEATH: UNKNOWN
28e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): THOMAS W. YOUNG, MD 2301 HOLMES, KCMO 64108
28f. LICENSE NUMBER: MD 108989
29. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☒ Yes ☐ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
32. REGISTRAR'S SIGNATURE: ▶ [signature]
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): Oct 30, 1997

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

VS 300 Rev. 4-90
MO 580-0685 (4-90)

State of Missouri
City of Kansas City

This is a Certified Copy of an Original Document

I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics, Kansas City, Missouri. Witness my hand as Director of Health, Kansas City, Missouri this date of

OCT 30 1997

[signature] M.D.

28d. TIME OF DEATH
UNKNOWN

5210-007 (8/76)