

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20648

BIRTH NO.		REG. DIST. NO. 150	PRIMARY REG. DIST. NO. 5572	Registrar's No. 117
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Jackson		a. STATE Missouri	b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	3008	
c. LENGTH OF STAY (in this place) 77th 24D		d. STREET ADDRESS (If rural, give location) Unknown		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Home				
3. NAME OF DECEASED (Type or Print) NICK		b. (Middle) ZEPP	c. (Last) ZEPP	
5. SEX M		6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH 5-4-'90		9. AGE (In years last birthday) 70	4. DATE OF DEATH (Month) (Day) (Year) 6-15-50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) 9 Unknown	
12. CITIZEN OF WHAT COUNTRY? Unknown		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Jackson Co. Home Rt. #4, Indy, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
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) Cardiovascular Accident	INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis	year	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Hypertension	33 1/2	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	year	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 9, 1950, to June 15, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 2:10 P.M., from the causes and on the date stated above.				
23a. SIGNATURE W. J. Johnson		(Degree or title) md	23b. ADDRESS 1021 Grand Blvd Independence Mo	23c. DATE SIGNED 5/10/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-1950	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	24d. LOCATION (City, town, or county) (State) Lee's Summit - Missouri
DATE REC'D BY LOCAL REG 6/17/50		REGISTRAR'S SIGNATURE Donald C. Eamshaw	378	FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1950

Li 8866

Bonyoucas

Home Ave 8835

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.....

W. B. Langford

Signed.....
Student Embalmer

Licensed Embalmer No. 8132

P. O. Address Lee's Summit - 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 this body is not embalmed, fact should be so stated above.