

STANDARD CERTIFICATE OF DEATH

32732

State File No. _____

FILED NOV 6 1950

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		State File No. _____		Registrar's No. <u>1230</u>	
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Buchanan</u>					a. STATE <u>Missouri</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>					b. COUNTY <u>Jackson</u>				
c. LENGTH OF STAY (in this place) <u>Sept. 8 to 14, 1950</u>					c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>					d. STREET ADDRESS (If rural, give location) <u>Blue Ridge & Palmer</u>				
3. NAME OF DECEASED					4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Victor</u>					b. (Middle) _____				
c. (Last) <u>Zarzek</u>					d. DATE OF DEATH <u>Oct 28, 1950</u>				
5. SEX <u>male</u>					6. COLOR OR RACE <u>white</u>				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>					8. DATE OF BIRTH <u>Dec. 13, 1890</u>				
9. AGE (In years last birthday) <u>59</u>					10. AGE (In years last birthday) <u>59</u>				
11. BIRTHPLACE (State or foreign country) <u>Poland</u>					12. CITIZEN OF WHAT COUNTRY? <u>4</u>				
13a. FATHER'S NAME <u>Edmund Zarzek</u>					13b. MOTHER'S MAIDEN NAME <u>Rosa Motulovich</u>				
14. NAME OF HUSBAND OR WIFE <u>Mrs. Evelyn Zarzek</u>					15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>				
16. SOCIAL SECURITY NO. <u>none</u>					17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp #2 - Pasadena</u>				
18. CAUSE OF DEATH					MEDICAL CERTIFICATION				
Enter only one cause per line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES					DUE TO (b) <u>Asphyxial meningitis encephalitis</u>				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death.				
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) (Min.)					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 <u>Oct 22, 1950</u> , to <u>Oct 28, 1950</u> , that I last saw the deceased alive on <u>Oct 27, 1950</u> , and that death occurred at <u>5:53 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Forrest Thomas MD</u>					23b. ADDRESS <u>St. Joseph Mo 7 State Hosp No 2</u>				
23c. DATE SIGNED <u>10/28-50</u>					24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				
24b. DATE <u>11-1-50</u>					24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville, MO</u>				
24d. LOCATION (City, town, or county) (State)					25. FUNERAL DIRECTOR'S SIGNATURE <u>James Funeral Home - St. Joseph, Mo</u>				
DATE REC'D BY LOCAL REG. <u>Nov. 3, 1950</u>					REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>				

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed.....
Charles M. Harmon

Licensed Embalmer No.....
4487

P. O. Address.....
St. Joseph

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.