

FILED JAN 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1386

BIRTH NO. 2254-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City
c. LENGTH OF STAY (If at this place) 2 hr 4 min
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Johnson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland Park
d. STREET ADDRESS (If rural, give location) 7237 Santa Fe

3. NAME OF DECEASED
a. (First) Bernard
b. (Middle) John
c. (Last) Zillner

4. DATE OF DEATH (Month) (Day) (Year) 1-12-1951

5. SEX male
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 1-12-1951

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 2 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Louis Zillner

13b. MOTHER'S MAIDEN NAME Marie Lucille VanWalleghem

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE, OR NAME Mr Robert Zillner ADDRESS Overland Park, Kans.

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.

18. CAUSE OF DEATH (continued)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Salient Arteriosclerosis
ANTECEDENT CAUSES (b) Arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Congenital Anomaly
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

15 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1951, to 1-12, 1951, that I last saw the deceased alive on 1-12, 1951, and that death occurred at 11:37 P.M., from the causes and on the date stated above.

23a. SIGNATURE Richard Helman (Degree of Physician)

23b. ADDRESS 675 First Bldg

23c. DATE SIGNED 1-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-12-51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Overland Park, Kans.

DATE REC'D BY LOCAL REG. 1-13-51

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Robert Zillner, Father ADDRESS Overland Park, Kans.

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

arteriosclerosis

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.