

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37686

State File No.

5028

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>60 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital Medical Center</u>		d. STREET ADDRESS (If rural, give location) <u>4413 Michigan</u>	

3. NAME OF DECEASED (Type or Print) <u>Louise</u>	a. (First)	b. (Middle) <u>S</u>	c. (Last) <u>ZORN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 20 57</u>
---	------------	----------------------	-----------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20 1882</u>	9. AGE (In years last birthday) <u>69</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	if UNDER 1 HR. Hours	Min.
-----------------	---------------------------	---	--------------------------------------	---	------------------------	-----------------------	----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>Louis Wenger</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Albert B Zorn</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert B Zorn</u>	ADDRESS <u>4413 Michigan</u>
---	-------------------------------------	--	------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Uterus</u>		<u>6 mos</u>
	ANTECEDENT CAUSES <u>uterine metastases</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>170x</u>

19a. DATE OF OPERATION <u>July 1957</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Uterus</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Nov 1949, to Nov 20, 1957, that I last saw the deceased alive on Nov 20, 1957, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack W. Wolf MD</u>	23b. ADDRESS <u>206 Regent Bldg Kansas City, Mo</u>	23c. DATE SIGNED <u>Nov 24, 57</u>
---------------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/23/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-23-57</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine-m. Blue</u>	ADDRESS <u>K.C. Mo.</u>
--	---	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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
Student Embalmer

Signed J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C. 770

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.