

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16889  
2340

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MISSOURI b. COUNTY JACKSON |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN KANSAS CITY  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN KANSAS CITY 2518                              |  |
| c. LENGTH OF STAY (In this place)<br>10 YRS.   |  | d. STREET ADDRESS (If rural, give location)<br>NETHERLAND HOTEL   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION LINWOOD NURSING HOME |  |   |  |

|  |               |                |  |
|--|---------------|----------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) JOHN | b. (Middle) F | c. (Last) ZORN | 4. DATE OF DEATH (Month) (Day) (Year)<br>MAY 21 52 |
|--|---------------|----------------|--|

|          |                    |   |                                 |                                       |                           |                         |                          |                         |
|----------|--------------------|---|---------------------------------|---------------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>WIDOWED | 8. DATE OF BIRTH<br>AUG 31-1879 | 9. AGE (In years last birthday)<br>72 | IF UNDER 1 YEAR<br>Months | IF UNDER 1 YEAR<br>Days | IF UNDER 1 YEAR<br>Hours | IF UNDER 1 YEAR<br>Min. |
|----------|--------------------|---|---------------------------------|---------------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>BARTENDER | 10b. KIND OF BUSINESS OR INDUSTRY<br>WALNUT BAR | 11. BIRTHPLACE (State or foreign country)<br>FALLS CITY, NEB | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
|--|---|--|--|

|                                |                                       |   |
|--------------------------------|---------------------------------------|---|
| 13a. FATHER'S NAME<br>UN KNOWN | 13b. MOTHER'S MAIDEN NAME<br>UN KNOWN | 13. NAME OF HUSBAND OR WIFE<br>PAULINE ZORN |
|--------------------------------|---------------------------------------|---|

|   |  |   |                            |
|---|--|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service)<br>NO | 16. SOCIAL SECURITY NO.<br>491-10-2816 | 17. INFORMANT'S SIGNATURE OR NAME<br>BERNARD W. HODGENS | ADDRESS<br>FALLS CITY, NEB |
|---|--|---|----------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, 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) Coronary Infarction   |  | 12 hrs.                          |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Myocarditis<br>DUE TO (c) Coronary Sclerosis |  | 6 yrs.<br>8 yrs.                 |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | 4201                             |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) | 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 May 21, 1951, to May 21, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|                                 |                           |   |                                 |
|---------------------------------|---------------------------|---|---------------------------------|
| 23a. SIGNATURE<br>F.W. Thompson | (Degree or title)<br>D.O. | 23b. ADDRESS<br>905-10 Bryant Bldg. Kansas City, Mo | 23c. DATE SIGNED<br>May 21-1952 |
|---------------------------------|---------------------------|---|---------------------------------|

|  |                      |   |   |
|--|----------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>REMOVAL | 24b. DATE<br>5-21-52 | 24c. NAME OF CEMETERY OR CREMATORY<br>- | 24d. LOCATION (City, town, or county) (State)<br>FALLS CITY NEB |
|--|----------------------|---|---|

|                                     |   |   |                     |
|-------------------------------------|---|---|---------------------|
| DATE REC'D BY LOCAL REG.<br>5-21-52 | REGISTRAR'S SIGNATURE<br>Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE<br>MELLODY-MCGILLEY-EYAR | ADDRESS<br>K.C.M.O. |
|-------------------------------------|---|---|---------------------|

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

DEC 9 1959

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.....

*Allen E. Heek*

Licensed Embalmer No. ....

4063

P. O. Address.....

W.C. C. 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.