

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28418

State File No. _____
Registrar's No. 1325

FILED AUG 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>1325</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		d. STREET ADDRESS <u>11229 E. 19th St.</u>	
b. CITY OR TOWN		c. LENGTH OF STAY (in this place) <u>4 days</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>JACKSON</u>	
3. NAME OF DECEASED				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>Clyde</u>		b. (Middle) <u>Zane</u>		c. (Last) <u>Zane</u>		Date <u>Aug. 16, 1952</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Aug. 17, 1894</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Passenger Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph C. Zane</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Shipp</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>707 12 7885</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Jennie R. Zane Independence, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the liver</u>				<u>Indefinite</u>	
		ANTECEDENT CAUSES Morbid 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>Ruptured Esophageal Veins.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>8/13, 1952</u> to <u>8/16, 1952</u> , that I last saw the deceased alive on <u>8/15, 1952</u> , and that death occurred at <u>4:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>E. B. Hutton M.D.</u>				23b. ADDRESS <u>310 1/2 Main Independence Mo</u>		23c. DATE SIGNED <u>8/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-19-52</u>		REGISTRAR'S SIGNATURE <u>James A. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. L. Carson Independence, Mo.</u>			

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

AUG 27 1917

AUG 25 REC'D

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.