

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32550

State File No.

FILED SEP 30 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If last 10 days residence before death, give address in this jurisdiction). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville, RFD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R7D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O. R. Heeting Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> b. (Middle) <u>Zelensky</u> c. (Last) <u>Zelensky</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>3 Apr. 1 - 1879</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Days _____	
11. IF UNDER 1 YEAR Hours _____		12. IF UNDER 1 HRS. Min. _____		13. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Bar tender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Beer & Whiskey</u>		11. BIRTHPLACE (State or foreign country) <u>Polland</u>	
13a. FATHER'S NAME <u>don't know</u>		13b. MOTHER'S MAIDEN NAME <u>don't know</u>		14. NAME OF HUSBAND OR WIFE <u>don't know</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>495-09-0951</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. R. Heeting - Parkville, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		DUE TO (b) <u>Mustard Gas lung</u>			_____
DUE TO (c) <u>Injuries in World War I</u>		_____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>E990</u>

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 Sept 8, 1952, to Sept 11, 1952 that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Parkville Mo</u>		23c. DATE SIGNED <u>Sept 12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - 3 Sept 15-52</u>		24b. DATE <u>Sept 15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Natural Cemetery, Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth Kan.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 14-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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

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