

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **10178**
1320

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 42 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION K.C. CONVALESCENT HOME			d. STREET ADDRESS (If rural, give location) 1618 BROADWAY		
3. NAME OF DECEASED (Type or Print) a. (First) KATE		b. (Middle) W.	c. (Last) ZILLEY	4. DATE OF DEATH (Month) (Day) (Year) MARCH-1-1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 10. 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) KEENE COUNTY, TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME B. H. WARREN		13b. MOTHER'S MAIDEN NAME CYNTHIA UNKNOWN		14. NAME OF HUSBAND OR WIFE C. H. ZILLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-26-3711A	17. INFORMANT'S SIGNATURE OR NAME JOHN F. HIGGINBOTHAM ADDRESS 408 W. 18th ST. KANSAS CITY, MO.		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis and DUE TO (c) hypertension		5 years.
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 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 <u>August</u> , 1952, to <u>March 1</u> , 1953, that I last saw the deceased alive on <u>March 1</u> , 1953, and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE William F. Sanders (Degree or title) <i>William F. Sanders M.D.</i>			23b. ADDRESS 1103 Grand		23c. DATE SIGNED 3/2/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 4 1953	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETARY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 3-4-53	REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D.W. Newcomer Sons</i> ADDRESS 1231 BROADWAY KANSAS CITY, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

10:50-4:50

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 John B. Lewis.....

Licensed Embalmer No. 4875.....

P. O. Address KC 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.