

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19274

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 249

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 Independence		c. LENGTH OF STAY (In this place) none	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Sanitarium		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3548 Wabash	

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Gene c. (Last) Ziemendorff			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1954				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Mar. 6, 1921	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) T. V. Tech.		10b. KIND OF BUSINESS OR INDUSTRY Television		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Ziemendorff		13b. MOTHER'S MAIDEN NAME Thelma Hall		14. NAME OF HUSBAND/ OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2		16. SOCIAL SECURITY NO. 499 18 5984		17. INFORMANT'S SIGNATURE OR NAME George Ziemendorff	
				ADDRESS 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) Cause of Death unknown			INTERVAL BETWEEN ONSET AND DEATH	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 80234 35				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Part removed	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jackson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-21-54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car struck in abutment

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:25A m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Hugh A. Owens, Coroner		23b. ADDRESS 1130 Walnut Bldg		23c. DATE SIGNED 6-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/21/54	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		

DATE REC'D BY LOCAL REG. 6-21-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Independence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

354-0

(Licensed Embalmer's Statement on Reverse Side)

1005 22

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
Signature of Student Embalmer

Signed *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Independence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.