

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40751**
5190

FILED DEC 28 1955

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

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

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 town) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 YRS.		e. STREET ADDRESS (If rural, give location) 406 N. DENVER	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 103 N. DENVER BARBER SHOP			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) HERMAN	c. (Last) MET ZELTHIN	4. DATE OF DEATH (Month) (Day) (Year) NOV. 28 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 18 JAN. 1914	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORKER	10b. KIND OF BUSINESS OR INDUSTRY KODAK	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME KARL MET ZELTHIN	13b. MOTHER'S MAIDEN NAME MARIE SCHAFFER	14. NAME OF HUSBAND OR WIFE LOUISE MET ZELTHIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. II NAVY	16. SOCIAL SECURITY NO. 487-03-8576	17. INFORMANT'S SIGNATURE OR NAME LOUISE MET ZELTHIN	ADDRESS 406 N. DENVER K.C. MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 7955
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of acute tubercular		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Post-renal	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) 3	23b. ADDRESS 6627 Pleasant St. Overland Park, Mo.	23c. DATE SIGNED 11-29-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 30 NOVEMBER 1955	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI.
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DATE REC'D BY LOCAL REG. 11-29-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Neva Marshall	ADDRESS FLORAL HILLS MEMORIAL CHAPELS K.C. MO
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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 *Ray C. McCord*

Licensed Embalmer No. 485

P. O. Address *T. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.