

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
K.L. Shireman, M.D.

FILED AUG 28 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 27239
3267

Registration District No. 149 Primary Registration District 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 JACKSON COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northeast Restorium		Length of stay in lb 3 mo.	d. STREET ADDRESS 140 S. Crescent		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louis Middle F. Last Zaman, Sr.			4. DATE OF DEATH Month July Day 24, Year 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1886 Apr. 5, 1887	9. AGE (In years last birthday) 69 70	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Gustave Zaman			14. MOTHER'S MAIDEN NAME Louise Verstraete			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 486 03 0988	17. INFORMANT Address Louis F. Zaman, Jr. Kansas City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Progressive muscular dystrophy</i>					INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____	
DUE TO (c) _____					7 4/11	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson	STATE Mo	
21. I attended the deceased from Jan 1956 to July 25 56 and last saw her alive on July 23 56 Death occurred at 5:45A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE K.L. Shireman M.D.			22b. ADDRESS 4606 St John Kome		22c. DATE SIGNED July 27, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/28/56	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.		23d. LOCATION (City, town, or county) (State) Weston, Mo.		
24. FUNERAL DIRECTOR H. B. Carson		ADDRESS Independence, Mo.		25. DATE RECD. BY LOCAL REG. 7-27-56	26. REGISTRAR'S SIGNATURE Neva Marshall	

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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 *Harold E. Kadre*

Licensed Embalmer No... *42*

P. O. Address *Bridge*

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