

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34348**

FILED NOV 15 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4710

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (in this place) 60 years
 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Kansas City d. Residence within limits of city or incorporated town? Yes No
 d. FULL NAME OF HOSPITAL OR INSTITUTION Pinnacle Nursing Home 2702 Summit e. STREET ADDRESS (If rural, give location) 4305 Michigan

3. NAME OF DECEASED (Type or Print)
 a. (First) JOSEPH b. (Middle) ZAJIC c. (Last) ZAJIC
 4. DATE OF DEATH (Month) (Day) (Year)
Oct. 30 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 8. DATE OF BIRTH Oct 21, 1869 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 18 Hrs. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Tailor 11. BIRTHPLACE (City and State or Foreign Country) Pradavice, Czechoslovakia 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown Zajic 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Lamilla Zajic

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) No (If yes, give year or date of service) 16. SOCIAL SECURITY NO. 515-10-1065 17. INFORMANT'S SIGNATURE OR NAME Rudolph Zajic ADDRESS 4407 Euclid

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation (clinical) INTERVAL BETWEEN ONSET AND DEATH 20 min - ?
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Coronary AS 15 yrs
 DUE TO (c) Generalized AS 15 yrs
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Aug 1956, to Oct 30 1956, that I last saw the deceased alive on 10-28-56, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence M. Field M.D. 23b. ADDRESS 4620 J.C. Nichols Parkway #515 23c. DATE SIGNED 10-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Nov 1, 1956 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery Kansas City, Missouri 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-31-56 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE Kilko Funeral Home ADDRESS 2315 Elmwood

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Lawrence M. Field

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 *Chas E. Weeks*.....

Licensed Embalmer No. *2644*

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