

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005994  
State File No. ....

FILED MAR 11 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1035

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H. L. T. B. Hospital</u>		e. CITY OR TOWN <u>Kansas City</u> f. STREET ADDRESS (If rural, give location) <u>1527 Winchester</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u>	b. (Middle) <u>Zmuda</u>	c. (Last) <u>Zmuda</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 - 1959</u>
--	--------------------------	------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 1 - 1888</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
-----------------	---------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>T. A. B. zem, Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	---	--

13a. FATHER'S NAME <u>Michael Zmuda</u>	13b. MOTHER'S MAIDEN NAME <u>Trancee Stephonowski</u>	14. NAME OF HUSBAND OR WIFE <u>AGATHA ZMUDA (Dec)</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>495-07-6674</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Son - Wolk Zmuda</u>	ADDRESS <u>8806 E 92th</u>
--	---	--	-------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Lung</u>		INTERVAL BETWEEN ONSET AND DEATH
	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	20. AUTOPSY? <u>2</u> 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) (Min.)	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 6-6-58, 19  , to 2/21/59, 19  , that I last saw the deceased alive on 2/21/59, 19  , and that death occurred at 2:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward P. Altomare M.D.</u>	23b. ADDRESS <u>Kansas City T B Hospital</u>	23c. DATE SIGNED <u>2/21/59</u>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-24-59</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheil Funeral Home</u>	ADDRESS <u>X.C.MO</u>
--	---	---	--------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Edward P. Altomare

---

---

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 *Hamad A. Khalil*.....

Licensed Embalmer No. *4955*

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.