

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010044

FILED VS MAR 28 1960

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Registrar's No. 367

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		Length of stay in 1b 45yrs		c. CITY OR TOWN St. Joseph,		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A St. Joseph Hosp.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS 707 Alabama (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Peter Middle Zanko Last Zanko				4. DATE OF DEATH Month Mar. Day 19, Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH July 12, 1894		
				9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Watchman		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co		11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Matthews Zanko			13b. MOTHER'S MAIDEN NAME Mary ???			14. NAME OF HUSBAND OR WIFE Mary Zanko		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Ann Zanko St. Joseph, 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) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) approx 5 yr.							INTERVAL BETWEEN ONSET AND DEATH few minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 6:15 P.M. Month, Day, Year 3-19-60								
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo		COUNTY Buchanan STATE Mo		
21. I attended the deceased from 8-20-55 to 3/19/60 and last saw him alive on 3-18-60 Death occurred at 6:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Wm B. Rest, M.D. (Degree or title)				22b. ADDRESS 316 No 10th St Joseph Mo		22c. DATE SIGNED 3-22-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/23/60		23c. NAME OF CEMETERY OR CREMATORY St. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo		
24. FUNERAL DIRECTOR John E. Rupp		ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Mar. 24, 1960		26. REGISTRAR'S SIGNATURE Wm Clark Standell		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 31 1930

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~body~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address

St. Joseph

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.