URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-028966

FILED VS JUL 22 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6901 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS — Length of stay in 1b

c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4655 FARLIN AVE — Inside Limits Yes XX No ☐

d. STREET ADDRESS (If outside, give location) 3772 WASHINGTON AVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WALTER Middle JOHN Last ZORICH 111

4. DATE OF DEATH Month JULY Day 8, Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH JULY 21, 1959

9. AGE (last birthday) — IF UNDER 1 YEAR Months 11 Days 17 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) KANSAS CITY KANSAS

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WALTER JOHN ZORICH JR.

13b. MOTHER'S MAIDEN NAME EMMA WORLEY

14. NAME OF HUSBAND OR WIFE

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. NONE

17. INFORMANT WALTER JOHN ZORICH JR Address 3772 WASHINGTON KANSAS CITY MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

O.K. Paul J. Simon Deputy Coroner 7-20-60

IMMEDIATE CAUSE (a) RHABDOMYOSARCOMA of the

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) orbit with extension to the

DUE TO (c) brain. 197.0

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 a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from 5-23-60, to 6-2-60 and last saw him alive on 6-2-60

Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Minot P. Fryer MD.

22b. ADDRESS 100 N. Euclid Ave.

22c. DATE SIGNED 8 July 60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 7/11/60

23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY

23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MISSOURI

24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG. JUL 9 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. acm

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Jos Barrett Brown
100 no Euclid
Fo 7-6060
Dr Fryer
Room 100

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed M W Rueter
Signature of Student Embalmer

Licensed Embalmer No. 4865

P. O. Address St Louis M

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