

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029959

FILED VS AUG 24 1960

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NORTH KANSAS CITY</b>		Length of stay in 1b <b>13 hrs. 15 min</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>N. K. C. MEMORIAL HOSP</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>3644 N. Woodland</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DOMINICK</b> Middle <b>ZANER</b> Last <b>ZANER</b>			4. DATE OF DEATH Month <b>AUGUST</b> Day <b>15</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-5-70</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer Kansas City, Mo.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Park Board</b>	11. BIRTHPLACE (City and state or country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Unk.</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Angella Marie Zaner</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Frank Zaner 3630 N. Woodland K. C. 16, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gangrenous enteritis</b> INTERVAL BETWEEN ONSET AND DEATH <b>15 hrs</b> DUE TO (b) <b>Acute Mesenteric thrombosis</b> <b>18 hrs</b> DUE TO (c) <b>Arterio-sclerosis, general</b> <b>15 hrs</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Seriously Carcinoma of Prostate</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.	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		20g. COUNTY STATE		
21. I attended the deceased from <b>8-13-60</b> to <b>8-15-60</b> and last saw him alive on <b>8-13-60</b> Death occurred at <b>9:15 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deceased or title) <b>Dominic Zaner MD</b>			22b. ADDRESS <b>2025 South - NXC14 Mo</b>		22c. DATE SIGNED <b>8-15-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-18-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Nashua, Mo.</b>		
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons N. K. C. Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-17-60</b>	26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 John V. Henick  
Licensed Embalmer No. 4848

P. O. Address S. C. 17, N

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.