

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042363

FILED VS. NOV 23 1960

149

Registration District No. Primary Registration District No. Registrar's No.

5518

STATE FILE NUMBER

INDEXED

11-5-60

1. PLACE OF DEATH a. COUNTY JACKSON		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 KANSAS CITY		Length of stay in lb 2 days	c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 818 W. KANSAS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle ALMA Last ZORNES			4. DATE OF DEATH Month OCTOBER Day 31 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-29-1882	9. AGE (last birthday) 77 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED -		10b. KIND OF BUSINESS OR INDUSTRY MISSOURI GARMENT CO.	11. BIRTHPLACE (City and state or country) LEVASY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ROBERT R. RYAN		13b. MOTHER'S MAIDEN NAME CATHERINE GALVIN		14. NAME OF HUSBAND OR WIFE PLEASANT M. ZORNES - Dec'd.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-03-5219A	17. INFORMANT MARJORIE FARRELL, 1626 E. 75th Terr. K.C., 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) Cor pulmonale with broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 day
DUE TO (b) chronic bronchitis with emphysema		
DUE TO (c)		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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 KANSAS CITY, MO.	COUNTY JACKSON	STATE MISSOURI
21. I attended the deceased from April, 1957 to Oct 31, 1960 and last saw her/him alive on Oct 31, 1960 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE B. G. Kettner (Degree or title) M.D.	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 11/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-2-60	23c. NAME OF CEMETERY OR CREMATORY BUCKNER CEMETERY	23d. LOCATION (City, town, or county) BUCKNER, MISSOURI (State)

24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG. 11-2-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Daughter
G. Kettner

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indep. N.

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