

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2065-61-017888
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

AMENDED

FILED MAY 17 1961

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		c. CITY OR TOWN Kansas City	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 4009 Warwick	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Rosa Middle Jane Last Zollars			4. DATE OF DEATH Month April Day 24 Year 1961		
5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-8-33	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Platte Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME J. William Markwell		13b. MOTHER'S MAIDEN NAME Alma Masterson		14. NAME OF HUSBAND OR WIFE Paul T. Zollars	
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. None		17. INFORMANT P. T. Zollars Address 4009 Warwick Kansas City, Mo.	

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 3 days
IMMEDIATE CAUSE (a) Cerebral hemorrhage		
DUE TO (b) Hemorrhagic		
DUE TO (c) Adeno carcinoma uterus - Carcinomatous		2 yrs
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 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	STATE Mo.
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21. I attended the deceased from 7-3-59 to 4/24/61 and last saw her alive on 4/23/61
Death occurred at 4:30a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip De Reister (Name or title)	22b. ADDRESS 518 Apple Blvd	22c. DATE SIGNED 4/25/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-61	23c. NAME OF CEMETERY OR CREMATORY Barry Cemetery	23d. LOCATION (City, town, or county) Kansas City No., Mo.
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24. FUNERAL DIRECTOR McComas Funeral Home	ADDRESS Smithville, Mo.	25. DATE RECD. BY LOCAL REG. 4-25-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.