

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

338-61-037992  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. \_\_\_\_\_

FILED NOV 6 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1109 State Fair Blvd.</b>		d. STREET ADDRESS (If outside, give location) <b>1109 State Fair Blvd.</b>	

3. NAME OF DECEASED (Type or print) First <b>ISADORE</b> Middle <b>EDWARD</b> Last <b>ZALIN</b>			4. DATE OF DEATH Month <b>November</b> Day <b>3</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-30-1913</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Business Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sporting Goods</b>		11. BIRTHPLACE (City and state or country) <b>Russia</b>	
10c. CITIZEN OF WHAT COUNTRY <b>USA.</b>		13a. FATHER'S NAME <b>Ben Zalinsky</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Bernstein</b>	
13c. NAME OF HUSBAND OR WIFE <b>Bertha Zalin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>not given</b>	
17. INFORMANT <b>Mrs. Bertha Zalin--1109 State Fair Blvd.</b>		17. INFORMANT Address			

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>Acute Coronary Thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
DUE TO (b) <b>Coronary Arteriosclerosis</b>	<b>7 years</b>
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  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	COUNTY	STATE
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21. I attended the deceased from 8-26-59 to 11-3-61 and last saw him alive on 11-3-61  
Death occurred at 9:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>J.S. Hopkins, M.D.</b>	22b. ADDRESS <b>1609 S. Fifth Sedalia, Mo.</b>	22c. DATE SIGNED <b>11-4-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-4-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>D.W. Heckart</b> ADDRESS <b>Gillespie Funeral Home Sedalia, Missouri</b>	25. DATE RECD. BY LOCAL REP. <b>11-4-1961</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>
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ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 30 1961

**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 \_\_\_\_\_  
*[Handwritten Signature]*

Licensed Embalmer No. 3470

P. O. Address \_\_\_\_\_

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.