

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012017

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1915 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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BY AFFIDAVIT OF  
Frank Paul Lorenz

USE BLACK INK OR TYPEWRITER RIBBON

<b>FILED APR 4 1963</b>	
<p>1. PLACE OF DEATH a. COUNTY <b>Jackson</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in 1b <b>15 yrs.</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Linwood Nursing Home</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>1900 Linwood Blvd.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b></p> <p>c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>2904 Euclid</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <b>GERTRUDE</b> Middle <b>E.</b> Last <b>ZOLA</b></p>	<p>4. DATE OF DEATH Month <b>3</b> Day <b>24</b> Year <b>1963</b></p>
<p>5. SEX <b>Female</b></p>	<p>6. COLOR OR RACE <b>White</b></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>10-16-1862</b></p>
<p>9. AGE (last birthday) <b>100</b></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner &amp; Operator</b></p>
<p>11. BIRTHPLACE (City and state or country) <b>"Unknown"</b></p>	<p>12. CITIZEN OF WHAT COUNTRY <b>"Unknown"</b></p>
<p>13a. FATHER'S NAME <b>"Unknown"</b></p>	<p>13b. MOTHER'S MAIDEN NAME <b>"Unknown"</b></p>
<p>14. NAME OF HUSBAND OR WIFE <b>Edward Zola</b></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>
<p>16. SOCIAL SECURITY NO. <b>[Redacted]</b></p>	<p>17. INFORMANT <b>Records: Jackson County Welfare, Mo. K.C.</b></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>[Redacted]</b> 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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <b>1-18-62</b> to <b>3-24-63</b> and last saw her/him alive on <b>3-24-63</b> Death occurred at <b>1:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <b>Frank Paul Lorenz M.D.</b></p>	<p>22b. ADDRESS <b>428 So. White Ave</b></p>
<p>22c. NAME OF CEMETERY OR CREMATORY <b>Kansas City College of Osteopathy &amp; Surgery</b></p>	<p>22d. DATE SIGNED <b>3-24-63</b></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b></p>	<p>23b. DATE <b>3-26-1963</b></p>
<p>23c. LOCATION (City, town, or county) <b>Kansas City, Missouri</b></p>	<p>23d. STATE <b>Missouri</b></p>
<p>24. FUNERAL DIRECTOR <b>Weillert's: 2332 Monitor Place, Mo.</b></p>	<p>25. DATE RECD. BY LOCAL REG. <b>3-26-63</b></p>
<p>26. REGISTRAR'S SIGNATURE <b>Ruth Long</b></p>	

**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 R. Johnson*

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.

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