RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–025529

STATE FILE NUMBER

REGD JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3331

DDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 41 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Northeast Restoreum
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3240 Norledge
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
ETHEL	MARY	ZENER	7	6	59

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
Female	White		12-26-75	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Photographer	Retired	Clinton, Mo.	U. S. A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Melvin Zener	Anna Carmack	None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
No **********	052-10-5755a	Mrs. H.C.Zener:4712 Roanoke Pkwy.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral artery Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Artery Arteriosclerosis
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. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Kansas City COUNTY: Jackson STATE: Mo.

21. I attended the deceased from Jan 1959 to July 3, 1959 and last saw her alive on July 3, 1959
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: K. L. Shireman (Degree or title) M.D.
22b. ADDRESS: 4606 St John K C Mo
22c. DATE SIGNED: 7-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-7-59
23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery
23d. LOCATION (City, town, or county) (State): Clinton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Weilert's; 6900 Troost:K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 7-7-59
26. REGISTRAR'S SIGNATURE: Neva Meinhall

BY AFFIDAVIT OF K. L. Shireman

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed B. E. Weiler

Signature of Student Embalmer

Licensed Embalmer No. 402

P. O. Address K.C. S. M

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