

CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 4240

DECEASED—NAME FIRST MIDDLE LAST 1. Audrey Clayton Zellers			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 3, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 61	UNDER 1 YEAR 5b. 61	DATE OF BIRTH (MONTH, DAY, YEAR) 6. January 13, 1908	COUNTY OF DEATH 7a. Jackson	
CITY, TOWN, OR LOCATION OF DEATH 7b. Kansas City			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Yes 7d. St. Joseph's Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Maymie Atherton		
SOCIAL SECURITY NUMBER 12. 492-14-3355		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Stocker in Elec. Furnace	KIND OF BUSINESS OR INDUSTRY 13b. Armco Steel			
RESIDENCE—STATE COUNTY 14a. Missouri 14b. Jackson		CITY, TOWN, OR LOCATION 14c. Kansas City	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 300 Barat		
FATHER—NAME FIRST MIDDLE LAST 15. George C. Zellers			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Myrtle Amy Smith			
INFORMANT—NAME 17a. Mrs. Maymie A. Zellers			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 300 Barat Kansas City, Missouri			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
IMMEDIATE CAUSE 18. (a) Carcinoma of ovary DUE TO, OR AS A CONSEQUENCE OF: (b) Carcinoma of Hypopharynx DUE TO, OR AS A CONSEQUENCE OF: (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 year 17 mos	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM Jan 1968 TO 8-3-69		AND LAST SAW HIM/HER ALIVE ON MONTH July 1968	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21b. Did not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21c. 4:53 A.M.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. 4:53 A.M.	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c. 8-3-69	HOUR 22d. 4:53 A.M.		
CERTIFIER—NAME (TYPE OR PRINT) 23a. P.A. Kienbarger		SIGNATURE 23b. <i>P.A. Kienbarger</i>	DEGREE OR TITLE 23c. MD	DATE SIGNED (MONTH, DAY, YEAR) 23d. 8-4-69		
MAILING ADDRESS—CERTIFIER 23a. 2246 St John		STREET OR R.F.D. NO. 23b. Kansas City Mo	CITY OR TOWN 23c. Mo	STATE 23d. Mo		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Norris Cemetery		LOCATION (CITY OR TOWN STATE) 24c. Urich Missouri		
DATE (MONTH, DAY, YEAR) 24d. August 5, 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Geo. C. Carson & Sons, Winner Rd., @ Fuller, Indep., Mo.				
FUNERAL DIRECTOR—SIGNATURE 25b. <i>George C. Carson</i>		REGISTRAR—SIGNATURE 25c. <i>Luther Boy</i>	DATE RECEIVED SOCIAL REGISTRAR 26. 8-5-69			

VS 300
Rev. 1/68

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DO NOT WRITE ON THIS STUB

9. 0
10a. 61
10b.
11. 0
12. 1
13. 148.9
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Dr. Paul Künberger

AUG 20 1969

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 *Jan Kern* _____

Licensed Embalmer No. *5181* _____

P. O. Address *RP. 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.