

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30733
3772

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1132 East 4th Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				3. NAME OF DECEASED a. (First) JESSIE				b. (Middle) ZAPATA	
c. (Last) ZAPATA		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 2 1950		5. SEX FEMALE		6. COLOR OR RACE NEGRO			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOT KNOWN		9. AGE (In years last birthday) 67		10. MONTHS 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY NOT KNOWN		11. BIRTHPLACE (State or foreign country) NOT KNOWN		12. CITIZEN OF WHAT COUNTRY? --			
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE --					
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'S SIGNATURE OR NAME ADDRESS ANNIE RUDOLPH 1118 East 4th Street					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (CLINICAL)				INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) URINARY OBSTRUCTION							
		DUE TO (c) CARCINOMA OF CERVIX							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS				MI			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8-30</u> , 19 <u>50</u> , to <u>9-2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-2</u> , 19 <u>50</u> , and that death occurred at <u>1:25 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE E. Frank Blise				(Degree or title) MD		23b. ADDRESS 600 East 22nd Street			
23c. DATE SIGNED 9-5-50		23d. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE 9-5-50		24c. NAME OF CEMETERY OR CREMATORY -			
24d. LOCATION (City, town, or county) (State) Wichita, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Nathan W. Thatcher		25. ADDRESS K. C. Mo.					
DATE REC'D BY LOCAL REG. 9-5-50		REGISTRAR'S SIGNATURE Seraldine Holmes							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Nathan Hatcher

Signed.....
Student Embalmer

Licensed Embalmer No. *2700*

P. O. Address *A.C.H.*

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 this body is not embalmed, fact should be so stated above.**