

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16917**
2237

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2237		
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) Kansas City		c. LENGTH OF STAY (in this place) 5 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City				
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 410 So. Topping				
3. NAME OF DECEASED (Type or Print) a. (First) Herbert			b. (Middle) D.		c. (Last) Zuber		4. DATE OF DEATH (Month) (Day) (Year) 5 22 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME FRANCIS ZUBER			13b. MOTHER'S MAIDEN NAME MAE MARSHALL		14. NAME OF HUSBAND OR WIFE MYRLE L. ZUBER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 489-28-7879		17. INFORMANT'S SIGNATURE OR NAME MYRLE L. ZUBER		ADDRESS 410 S. TOPPING		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage site undetermined					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) probably due to DUE TO (c) Carcinoma of lung						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of lung					108X	
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 May 21, 1951 , to May 22, 1951 , that I last saw the deceased alive on May 22, 1951 , and that death occurred at 5 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE B. L. BURNS (Degree or title)			23b. ADDRESS 24th & Cherry			23c. DATE SIGNED 5-23-51		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 24, 1951		24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE		24d. LOCATION (City, town, or county) (State) INDEPENDENCE Mo.		
DATE REC'D BY LOCAL REG. 5-24-51		REGISTRAR'S SIGNATURE Jeraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. BLACKMAN, Son - K.C., Mo.				

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

met

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
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Hanson City, Pa.

-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.