

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23293

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2877

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ESTLE</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>ZANCKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Days	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Eagles Hall, St. Joseph</u>	11. BIRTHPLACE (State or foreign country) <u>Graham, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>Roy M. Zancker</u>	13b. MOTHER'S MAIDEN NAME <u>Alta M. Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Fern Zancker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u>491-10-5983</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fern Zancker</u>	ADDRESS <u>Route 5, St. Joseph</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic Carcinoma, Rt.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>162-X</u> <u>9 months</u> <u>4 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with massive invasion of</u> DUE TO (c) <u>metastasis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage from lung, secondary to above.</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>to above.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2 July, 1951, to 5 July, 1951, that I last saw the deceased alive on 5 July, 1951, and that death occurred at 5:20 PM, from the cause and on the date stated above.

23a. SIGNATURE <u>John H. Mayer M.D.</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>618 Prof Bldg, KC. Mo.</u>	23c. DATE SIGNED <u>7/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-6-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner Mortuary</u>	ADDRESS <u>K. C. Kansas</u>
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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..... *Augustus C. Werner*

Signed.....
Student Embalmer

Licensed Embalmer No. *2597*

P. O. Address *Kansas City, Kansas*

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.