

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31998

State File No.

FILED OCT 3 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 158

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 OR TOWN Prairie		c. CITY OR TOWN Independence	
c. LENGTH OF STAY (in this place) 9 hrs		d. STREET ADDRESS (If rural, give location) 1815 Norwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Em. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) U.	c. (Last) Zink	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 7, 1865	9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months 10 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired blacksmith	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and State or Foreign, Country) Zanesville, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Levi Zink	13b. MOTHER'S MAIDEN NAME Jennie (unknown)	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Everett McCluhan	ADDRESS Independence, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 9/5, 1952, to 9/12, 1952, that I last saw the deceased alive on 9/12, 1952, and that death occurred at 10:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE Vance E. Link, M.D.	(Degree or title)	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 9/15/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/15/52	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. 9-16-52	REGISTRAR'S SIGNATURE Donald C. Earnshaw	3780	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Independence, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harold E. Keckel*

Licensed Embalmer No. *4609*

P. O. Address. *Judea, 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 this body is not embalmed, fact should be so stated above.