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FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35295
4556

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) 17 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3735 State Line		d. STREET ADDRESS (If rural, give location) 3735 State Line 3468	

3. NAME OF DECEASED (Type or Print) a. (First) ELVINA		b. (Middle) Rose		c. (Last) ZEHRING		4. DATE OF DEATH (Month) (Day) (Year) OCT 18 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov-20-1869		9. AGE (In years last birthday) 82 Yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) England- 4		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Peter LaFalle	13b. MOTHER'S MAIDEN NAME Jane Buxel	14. NAME OF HUSBAND OR WIFE Chas E Zehring	
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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) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Julien Funeral Home		ADDRESS Olathe, Kans.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia	DUE TO (b) Chronic Nephritis			3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) Arteriosclerosis			6 months
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			10 years
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4410X			

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)	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 Sept 3, 1952, to Oct 18, 1952, that I last saw the deceased alive on Oct 17, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. R. Becker (Degree or title) R. R. Becker M.D.	23b. ADDRESS 4000 Baltimore Kansas City Mo.	23c. DATE SIGNED 10/18/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 18-52	24c. NAME OF CEMETERY OR CREMATORY Spring Hill Kas Cem	24d. LOCATION (City, town, or county) (State) Olathe Kansas
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DATE REC'D BY LOCAL REG. 10-18-52	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE H. Julien		ADDRESS Olathe Kas.	
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(Licensed Embalmer's Statement on Reverse Side)

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. 4569

working under my personal supervision.

Student
Student Embalmer

Signed Chester H. Flaming

Licensed Embalmer No. 4569

P. O. Address Olathe 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.