

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42473**

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 5451
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) 33 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 2006 Walrond		d. STREET ADDRESS (If rural, give location) 2006 Walrond		
3. NAME OF DECEASED (Type or Print) a. (First) Flora		b. (Middle) T.		c. (Last) Van Zandt
4. DATE OF DEATH (Month) (Day) (Year) 12 12 52		5. SEX Fe.		6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-25-1885		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard B. Rex		13b. MOTHER'S MAIDEN NAME Parlie Moody
14. NAME OF HUSBAND OR WIFE Issac O. Van Zandt		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. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. T. Eynatten		ADDRESS 2006 Wal rond KCMO.		
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) Pneumonia ANTECEDENT CAUSES DUE TO (b) Influenza - Bronchitis - DUE TO (c) strep throat - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11/17/52 480X
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)		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 11-17 , 19 52 , to 12-11 , 19 52 , that I last saw the deceased alive on 12-11 , 19 52 , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE D. M. Nigro		23b. ADDRESS MD 1222 N. Gess		23c. DATE SIGNED 12-14-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-52		24c. NAME OF CEMETERY OR CREMATORY St. Marys
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS KCMO.
DATE REC'D BY LOCAL REG. 12-12-52		REGISTRAR'S SIGNATURE Thereldine Smith		

(Licensed Embalmer's Statement on Reverse Side)

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

00

Dr. D. M. Nigro

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

Glen E. Hesk

Licensed Embalmer No. *4063*

P. O. Address *W. C. 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.