No. 300
10.46

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5196
Registrar's No. 650

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 53 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1124 HARRISON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1124 HARRISON 3148

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): ZUMWALT
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 2-11-1955

5. SEX: M
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 2-8-1902
9. AGE (In years last birthday): 53 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY, MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ANDREW J ZUMWALT
13b. MOTHER'S MAIDEN NAME: LAURA D BENNETT
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-14-8552
17. INFORMANT'S SIGNATURE OR NAME: LAURA ZUMWALT — ADDRESS: 1124 HARRISON

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxemia, Unexplained — INTERVAL BETWEEN ONSET AND DEATH: 8 to 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bilateral Lobar Pneumonia — 7 to 10 days
DUE TO (c): 49 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Alcoholism — 15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 5, 1955, *to* Feb 11, 1955, *that I last saw the deceased alive on* Feb 11, 1955, *and that death occurred at* 3:35 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: William D. Hand Jr (Degree or title): DO.
23b. ADDRESS: 605 Woodland
23c. DATE SIGNED: 2-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-15-1955
24c. NAME OF CEMETERY OR CREMATORY: MT WASHINGTON
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: 2-12-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: PASSANTINO BROS — **ADDRESS**: KC MO

(Licensed Embalmer's Statement on Reverse Side)

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

DR HAWD
605 WOODLAWD
VI 8203
10 A.M. - SAT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leonard C Passantin

Licensed Embalmer No. 455

P. O. Address KC M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.