

FILED JUL 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 22478

2836

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		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) 2 days		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital				STREET ADDRESS (If rural, give location) 9829 Sagamore Rd				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) F c. (Last) ZOESCH			4. DATE OF DEATH (Month) (Day) (Year) July 3 55					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 24, 1887		
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pharmacist			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wisconsin 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Zoesch			13b. MOTHER'S MAIDEN NAME Emilie			14. NAME OF HUSBAND OR WIFE Ruabella Zoesch		
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. 505-01-6352		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Idding 7829 Sagamore Rd				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of lung (resected) DUE TO (c) Coronary Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Draining Empyema Series					INTERVAL BETWEEN ONSET AND DEATH 18 yrs. 3 1/2 yrs. 12 yrs. 9 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163x					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)				
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?				
22. I hereby certify that I attended the deceased from Aug 1952 , to 3 July 1955 , that I last saw the deceased alive on 2 July 1955 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE Fred H. Lundgren Jr (Degree or title) Fred H. Lundgren Jr. M.D.				23b. ADDRESS 315 Nichol Rd.		23c. DATE SIGNED 3 July '55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Trenton, Missouri		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 7-4-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stina & McClure, Kansas City, Mo				

(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.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *J. S. Walton*.....

Licensed Embalmer No. *224*

P. O. Address *N.C. 270*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.