

Health, Welfare and Public Service

300 1-56

All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 3 - 1956

24119  
STATE FILE NUMBER  
55-68 Registrar's No. 333

Registration District No. 146 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City R Blue</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Kansas City Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>			Length of stay in 1b		d. STREET ADDRESS <b>140 S. Crescent</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>First Middle Last</b> <b>Nannie B. Zaman</b>				4. DATE OF DEATH <b>July 27, 1956</b> Month Day Year					
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 14, 1888</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>		11. BIRTHPLACE (City and state or country) <b>Weston, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Thomas B. Elley</b>				14. MOTHER'S MAIDEN NAME <b>Jodie Louise Lober</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Louis F. Zaman, Jr. Kansas City, Mo.</b> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma of Lung</b> <b>Secondary Broncho pneumonia Bilateral</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ca on Rt Breast 6 yrs - Excised and Ulcerated</b> DUE TO (c) <b>for Ca on Endometrium 5 yrs - Excised</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Not determined</b> <b>1 wk.</b> <b>not known.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>170X</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month/Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on <b>7-26-56</b> Death occurred at <b>12:25 PM. 7-27-56</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>J. E. Nelson, M.D.</b>				22b. ADDRESS				22c. DATE SIGNED <b>7-27-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7/28/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cem.</b>		23d. LOCATION (City, town, or county) <b>Weston, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>H. G. Garrison</b> ADDRESS <b>Independence, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-28-56</b>		26. REGISTRAR'S SIGNATURE <b>James L. Gray</b>			

