t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1957

36285
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 437

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kansas City 22 — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep.Sanit.&Hosp. — Length of stay in lb 17 days	d. STREET ADDRESS (If outside, give location) 720 Sterling — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First MARTIN Middle H. Last ZUCCA		4. DATE OF DEATH Month Day Year Oct. 15, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Apr. 14,1905
9. AGE (In years at birthday) 52	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) Order Clerk	10b. KIND OF BUSINESS OR INDUSTRY Patent Comfort Eq.	11. BIRTHPLACE (City and state or country) Pittsburg, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Zucca	13b. MOTHER'S MAIDEN NAME Lena Simion	14. NAME OF HUSBAND OR WIFE Olive E. Zucca	
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. 486-05-2008	17. INFORMANT Olive E. Zucca, Address 720 Sterling, K.C.22, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute peritonitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Colectomy for Carcinoma

DUE TO (c) of Colon

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Oct. 1957, to Oct. 15 1957 and last saw her/him alive on Oct. 14, 1957
Death occurred at 2:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred W. Hink MD.	22b. ADDRESS 10229 Independence Ave. KCM	22c. DATE SIGNED Oct. 15 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct.17,1957	23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery
23d. LOCATION (City, town, or county) (State) Raytown, Missouri		
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.	25. DATE RECD. BY LOCAL REG. 10-17-57	26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

4-0

OCT 23 1954

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 C. Ray Louderback

Licensed Embalmer No. 527

P. O. Address Independ. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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