

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012837  
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 51

300  
-57

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1. PLACE OF DEATH a. COUNTY <b>Rural Saline County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admittance) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall Township</b>		c. CITY OR TOWN <b>Kansas City, Missouri</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri State School</b>		d. STREET ADDRESS (If outside, give location) <b>5832 Wabash</b>	

3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Alan</b> Last <b>Zurovsky</b>			4. DATE OF DEATH Month <b>March</b> Day <b>22</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-29-1943</b>		9. AGE (In years last birthday) <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Sam Zurovsky</b>		

13b. MOTHER'S MAIDEN NAME <b>Bertha Sher</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mo. State School records, Marshall, Mo.</b>	

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>Bacterial Pneumonia Rt. Lung Severe</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Acute Upper Resp. Disease</b>		<b>10 days</b>
	DUE TO (c) <b>491X</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fractured skull White Spastic Male</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <b>Marshall</b>	
21. I attended the deceased from Death occurred at <b>10:25 A.M.</b>		to <b>4 Mar 58</b> and last saw him alive on <b>21 Mar 58</b>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>E. J. McCorrel M.D.</b>		22b. ADDRESS <b>Marshall Mo</b>		22c. DATE SIGNED <b>22 Mar 58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Mar-22-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Cemetery</b>	
				23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>	

24. FUNERAL DIRECTOR <b>Harry Hershberger</b>		ADDRESS <b>Marshall Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 22-58</b>	
				26. REGISTRAR'S SIGNATURE <b>Cecil J. Keat</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
All diseases in Part I must be causally related.

APR 4 1958

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

*Joseph R. Mackle*

Licensed Embalmer No. 4571

P. O. Address Marshall Ma

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.