Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025899
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3620

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KansasCity — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2005 Cypress — Length of stay in Hospital 16 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location) 2005 Cypress — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print): First Miles — Middle Edgar — Last Zumbrunnen

4. DATE OF DEATH Month July Day 27 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED # NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Nov. 1, 1893
9. AGE (In years last birthday) 64 — 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) Sheet Metal worker
10b. KIND OF BUSINESS OR INDUSTRY Bendix Co.
11. BIRTHPLACE (City and state or country) Braymer Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Zumbrunnen
13b. MOTHER'S MAIDEN NAME Etta Burris
14. NAME OF HUSBAND OR WIFE Florence E. Zumbrunnen

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. 487-26-9173
17. INFORMANT Florence E. Zumbrunnen Address 2005 Cypress K.C.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 Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery Occlusion — one day
DUE TO (c) Bronchial Pneumonia — one wk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491.1
19. WAS AUTOPSY PERFORMED? YES X 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 July 1956, to July 26 1958 and last saw her/him alive on 7-26-58
Death occurred on ~~2005 Cypress~~ 4:40 A in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. A. Cunningham M.D. (Degree or title)
22b. ADDRESS 5018 E 24 St Kansas City Mo
22c. DATE SIGNED July 27 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7/27/58
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) Braymer (State) Mo.

24. FUNERAL DIRECTOR Stine & McClure ADDRESS K.C.Mo.
25. DATE RECD. BY LOCAL REG. 7-27-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

N. A. Cunningham

JAN 26 1959

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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 T. S. Walton

Licensed Embalmer No. 2744

P.O. Address K C 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.