

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

65425-58

58-029325

STATE FILE NUMBER

3985

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3985

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas city mo Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital Length of stay in 1b 17 hours
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas city mo Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 27 W. 9th St Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Ronald Keith Zuck
4. DATE OF DEATH Month Day Year 8-17-1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 8-16-1958
9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. - - 17 -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) Kansas city mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Zuck
13b. MOTHER'S MAIDEN NAME Patricia Bruner
14. NAME OF HUSBAND OR WIFE none
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. none
17. INFORMANT John Zuck Address 27 W 9th St KCMO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Premature Birth - (9wks before term)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 Month, Day, Year a.m. p.m.
20d. INJURY OCCURRED WHILE AT 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 8/16/58 to 8/17/58 and last saw her alive on 8/17/58
Death occurred at 4:35 pm on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Sidney H. Pakula M.D.
22b. ADDRESS 757 C. 63rd
22c. DATE SIGNED 8/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-19-58
23c. NAME OF CEMETERY OR CREMATORY Mt. Mariah
23d. LOCATION (City, town, or county) (State) Kansas city, mo
24. FUNERAL DIRECTOR France-Wornall Funeral Home K.C.Mo ADDRESS
25. DATE RECD. BY LOCAL REG. 8-18-58
26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Sidney F. Pakula

5. 300
1-57

FILED SEP 5 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 *Russell N. France*

Licensed Embalmer No. *4255*
P. O. Address *KC 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.