

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033115

STATE FILE NUMBER
4204

REGISTRATION DISTRICT NO. 149 PRIMARY REGISTRATION DISTRICT NO. 1002 REGISTRAR'S NO. 4204

SEP 24 1958

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes No

c. CITY OR TOWN Mission 41508 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital Length of stay in 1b 6 days

d. STREET ADDRESS (If outside, give location) 5627 Roe Boulevard Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM JOHN ZSCHOCHÉ

4. DATE OF DEATH Month Day Year August 31 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH June 30, 1895 9. AGE (In years last birthday) 63 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) Salesman-Geo. H. Weyer 10b. KIND OF BUSINESS OR INDUSTRY Beauty Supplies 11. BIRTHPLACE (City and state or country) Atchison, Kansas 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME J. W. Zschoche 13b. MOTHER'S MAIDEN NAME Rose Thorden 14. NAME OF HUSBAND OR WIFE Bertha P. Zschoche

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. 486-10-4981 17. INFORMANT Address Overland Park George Zschoche, 7743 Chadwid, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Abdominal malignancy - type undetermined
with acute heart failure, probably (Arterio sclerotic heart disease)
DUE TO (b) 3 days
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 157X 2

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 May 1958 to Aug 31, 1958 and last saw her alive on Aug 31, 1958
Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. G. Kettner M.D. 22b. ADDRESS Kansas City, Mo. 22c. DATE SIGNED 9/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 3 1958 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons 5540 Johnson Drive Mission, Kansas. 25. DATE RECD. BY LOCAL REG. 9-2-58 26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. G. Kettner



Ms-1-2892

MS MAR 7 1960

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 *Robert Ray*

Licensed Embalmer No. *4182*

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.