

8881-58
FILED OCT 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036710
State File No.

BIRTH NO. 6 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4857

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 12 hrs.	c. CITY A OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 6807 North Oak	

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) Zacharias c. (Last) Zacharias			4. DATE OF DEATH (Month) (Day) (Year) 10-12-58		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never	8. DATE OF BIRTH 10-11-58	9. AGE (In years last birthday) 22 1/4	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Zacharias M.D.		13b. MOTHER'S MAIDEN NAME Carol Kennedy		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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Dr. David Zacharias	ADDRESS 6807 N. Oak
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra-Ventricular Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis		12 hrs
	DUE TO (c) Prematurity		12 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7605	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-11**, 19**58**, to **10-12**, 19**58**, that I last saw the deceased alive on **10-11**, 19**58**, and that death occurred at **12:56 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Roy F. Garrison	(Degree or title) M.D.	23b. ADDRESS 6509 Prospect	23c. DATE SIGNED 10-14-58
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 10-15-58	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 10-14-58	REGISTRAR'S SIGNATURE neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE W. Newcome Sr.	ADDRESS W.K.P. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
ROY F. GERRISON



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 *Gloria Hill*

Licensed Embalmer No. *4580*

P. O. Address *K.P. 164*

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.