

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005992

STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 779

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O. St. Lukes		Length of stay in 1b 49 yrs	d. STREET ADDRESS (If outside, give location) 4544 Genessee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First August W. Middle Zander Jr Last Zander Jr			4. DATE OF DEATH Month Feb Day 8 Year 1959		
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7-1909		9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Engine Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY R.C. Terminal		11. BIRTHPLACE (City and state or country) KANSAS CITY Mo	
10c. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME August W. Zander Sr.		13b. MOTHER'S MAIDEN NAME Christina Douglas	
13c. NAME OF HUSBAND OR WIFE Virginia Lee Zander		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or service) YES WW II		16. SOCIAL SECURITY NO. 703-03-8721	
17. INFORMANT Virginia L. Zander		Address 4544 Genessee		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis of Coronary Arteries? DUE TO (c) few years?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 49 yr		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <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 KANSAS CITY		COUNTY MO STATE MO	
21. I attended the deceased from 10-5-55 to 1-29-59 and last saw her/him alive on 1-29-59 Death occurred at 2-8-59 9 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E.O. Parsons Jr			22b. ADDRESS 315 Nichols Road. K.C. Mo		22c. DATE SIGNED 2-10-59
23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL		23b. DATE 2-11-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
24. FUNERAL DIRECTOR Grates F.H.			25. DATE RECD. BY LOCAL REG. 2-10-59		26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. E. O. Parsons by **JOHN A. Griffith, Jr.** use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Paul R. Williamson*

Licensed Embalmer No. *5009*

P. O. Address *Overland Park, 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.