

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013638
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1976

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>398 days</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>V.A. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3038 GRAND</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>W.</u> c. (Last) <u>ZUMWALT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 18, 1897</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert Zumwalt</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Letha V. Zumwalt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>	16. SOCIAL SECURITY NO. <u>490 07 3561</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Official Records, K. C. Mo.</u> ADDRESS _____
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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) <u>Pulmonary emphysema</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Cor pulmonale</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>5271</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	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 March 17, 1958, to April 19, 1959 that I saw the deceased XXXXXX and that death occurred at 5:50a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. WOODWARD, M.D.</u> (Degree or title)	23b. ADDRESS <u>V.A. Hospital, Kansas City, Mo.</u>	23c. DATE SIGNED <u>4-19-59</u>
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23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>4-21-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbian Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>4-20-59</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer, Jr. K. Mo.</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
A

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 *Albert H. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Yonkers, N.Y.*

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.