

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040494

FILED VS. DEC. 7 1959 149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

5614

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 yrs.		c. 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 3759 Flora			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3759 Flora		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JOHN Middle KEY Last ZACHARY				4. DATE OF DEATH Month Nov. Day 19 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 6-6-1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disab. Veteran			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Monticello, Ga.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John Key Zachary			13b. MOTHER'S MAIDEN NAME Julia Zachary			14. NAME OF HUSBAND OR WIFE Geraldine				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WVI			16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Mrs. Geraldine Zachary - 3759 Flora					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound Head							INTERVAL BETWEEN ONSET AND DEATH			
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Apparently Self Inflicted						
20c. TIME OF INJURY Hour Month, Day, Year 11-19-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence Kansas City Jackson mo		20f. CITY, TOWN, OR LOCATION Kansas City Jackson mo		COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 7PM on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Night of Queen Corner				22b. ADDRESS Rialto Bldg - Kansas City, Mo.				22c. DATE SIGNED 11-20-59		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-20-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Springfield, Mo.			23e. (State)		
24. FUNERAL DIRECTOR ADDRESS Melody-McGillye-Eylar 1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 11-20-59		26. REGISTRAR'S SIGNATURE Irene Minshall				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

George A. J...

Licensed Embalmer No. 5059

P. O. Address K e m

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.