

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019718

FILED VS JUN 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2697 STATE FILE NUMBER

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Jackson</b> |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Kansas City</b>                    | Length of stay in 1b<br><b>37 years</b> | c. CITY OR TOWN<br><b>Kansas City</b>  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>5120 Virginia Avenue</b> |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (if outside, give location)<br><b>5120 Virginia Avenue</b> |

|  |                                  |   |   |   |
|--|----------------------------------|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Richard S Zammar</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 14, 1960</b>                                     |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/29/1888</b>  | 9. AGE (last birthday)<br><b>72</b>                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Captain- Store Room Supplies Dept.</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Kansas City Fire</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Zanle, Lebanon</b>                           | 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>           |
| 13a. FATHER'S NAME<br><b>Solomon Zammar</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Lulu Yunis</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Selma D. Zammar</b> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>                    |                                  | 16. SOCIAL SECURITY NO.<br><b>490-24-2174</b>   | 17. INFORMANT<br><b>Kansas City Missouri</b><br><b>Mrs. Selma D. Zammar 5120 Virginia Ave</b> |   |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>20 min.</b>   |
| IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>   |   |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Coronary Sclerosis</b>                    |  |  |
|   | DUE TO (c) <b>Previous Coronary Occlusion 2 yrs ago</b> |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>s.m.<br>p.m.  | Month, Day, Year  |  |
| 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 COUNTY STATE  |

21. I attended the deceased from **1940** to **1960-5-14** and last saw him alive on **14 May 60**.  
Death occurred at **3:20 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                               |  |  |
|---|-------------------------------|--|--|
| 22a. SIGNATURE (Degree or title)<br><b>W. W. Gist M.D.</b>                        |                               | 22b. ADDRESS<br><b>330 W 47 1/2 Mo</b>                       | 22c. DATE SIGNED<br><b>14 May 60</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                        | 23b. DATE<br><b>5/17/1960</b> | 23c. NAME OF CEMETERY OR CRYPTORY<br><b>Calvary Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>D.W. Newcomers Sons 1331 Brush Creek Blvd.</b> |                               | 25. DATE RECD. BY LOCAL REG.<br><b>5-16-60</b>               | 26. REGISTRAR'S SIGNATURE<br><b>Alva Marshall</b>                            |

Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF W. W. Gist

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman W. Holson

Licensed Embalmer No. 4889

P. O. Address D.C. 9760.

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.