

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027325

FILED VS JUL 19 1960

Registration District No. 156 Primary Registration District No. 5574 Registrar's No. 156

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Van Buren		Length of stay in 1b 10 1/2 Mons.		c. CITY OR TOWN Parma Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U-2 Lake Lotawana			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5817 Elmore Dr.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Judith E. Zabor				4. DATE OF DEATH Month Day Year July 14, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 16, 1941	9. AGE (last birthday) 18	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Herbert H. Zabor			13b. MOTHER'S MAIDEN NAME Bizella Sinterman		14. NAME OF HUSBAND OR WIFE Never Married		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Herbert Zabor, Lake Lotawana, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Suffocation.						INTERVAL BETWEEN ONSET AND DEATH @ 5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Idiopathic epilepsy.						@ 15 years.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) suffocated in pillow during GRANMAL SEIZURE			
20c. TIME OF INJURY Hour a.m. Month, Day, Year @ 1:00 - 7-14-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE LAKE LOTAWANNA JACKSON MO.	
21. I attended the deceased from 10-28-59 to 7-13-60 and last saw her alive on 7-13-60 Death occurred at about 1:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) William J. Rhoads D.O.				22b. ADDRESS 320 S. Douglas - Let's Summit		22c. DATE SIGNED 7-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 15, 1960	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Cleveland, Ohio		
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit, MO.				25. DATE RECD. BY LOCAL REG. 7-15-60		26. REGISTRAR'S SIGNATURE W. Langsford	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 1960

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 N. B. Langford Jr

Licensed Embalmer No. 49

P.O. Address Lee's

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.