URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-035143

FILED VS SEP 26 1960

NDED

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4647

County State

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 83 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Hosp
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Jackson b. ~~COUNTY~~ Missouri
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1210 Harrison
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DELLA Middle ZUMWALT Last
4. DATE OF DEATH Month 9 Day 8 Year 60

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH
9. AGE (last birthday) 83
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) K.C. Mo
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Jonathan Bennett
13b. MOTHER'S MAIDEN NAME Sara Jane Hartman
14. NAME OF HUSBAND OR WIFE Jack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Frances Nelson Address Gladstone Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Shock

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) 1st & 2nd Degree Burns

DUE TO (c) Fear & Scalds

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Home caught fire
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-8-60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence
20f. CITY, TOWN, OR LOCATION Kans City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw he/she alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station
22c. DATE SIGNED 9-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-12-60
23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem
23d. LOCATION (City, town, or county) (State) K.C. Kansas

24. FUNERAL DIRECTOR Sebelos ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 9-10-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Forrest D. Coldsmo

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.