

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037746

FILED VS OCT 27 1960 5-9

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 181

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CASS</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, give TOWNSHIP only) OR TOWN <u>Big Creek Twp.</u>		Length of stay in 1b <u>2 Hrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles N. Harrisonville</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>42 WARNER PLAZA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>Louie</u> Last <u>ZUWALT</u>				4. DATE OF DEATH Month <u>OCT</u> Day <u>22</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-8-1944</u>	
9. AGE (last birthday) <u>16</u>		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) <u>STUDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>K.C. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>MARTIN ZUWALT</u>			13b. MOTHER'S MAIDEN NAME <u>Letha U. West</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-46-3800</u>		17. INFORMANT <u>Mrs Letha ZuwALT</u>		Address <u>42 WARNER PLAZA KANSAS CITY, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shotgun blast in left chest</u> 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"/> N- <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH <u>80 minutes</u>	
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.) <u>12 gauge Shotgun blast in left chest</u>			
20c. TIME OF INJURY Hour <u>9:00</u> a.m. <u>pm</u> Month, Day, Year <u>Oct 22 60</u>		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.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Highway 71 by Pass Big Creek Township Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert C. Phillips D.C.</u>			(Degree or title) <u>Cass County Coroner</u>		22b. ADDRESS <u>Harrisonville, Mo.</u>		22c. DATE SIGNED <u>10/22/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-22-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		
24. FUNERAL DIRECTOR <u>ATKINSON Dickey</u>			ADDRESS <u>HARRISONVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10-22-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Roy Selbee</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 17 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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address San Antonio

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.