

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038621

FILED VS OCT 27 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5108 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary, s Hospital		d. STREET ADDRESS (If outside, give location) 105 Ward Parkway	

3. NAME OF DECEASED (Type or print) First Lester Middle Zimmer Last Zimmer			4. DATE OF DEATH Month Oct. Day 9, Year 1960			
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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 7-7-1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Composing Room	10b. KIND OF BUSINESS OR INDUSTRY K. C. Star	11. BIRTHPLACE (City and state or country) Butler Mo.	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Henry Zimmer	13b. MOTHER'S MAIDEN NAME Pearl Thompson	14. NAME OF HUSBAND OR WIFE Leon Zimmer
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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. 495-05-8223	17. INFORMANT Leon Zimmer	Address 105 Ward Parkway
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LARGE INTESTINE		INTERVAL BETWEEN ONSET AND DEATH 5-6 mos.
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	
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ 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 Butler Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from **7-1-60** to **10/9/60** and last saw her/him alive on **10/9/60**
Death occurred at **3:30 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Masucci (Degree or title)	22b. ADDRESS 636 Argyle Bldg K.C. Mo.	22c. DATE SIGNED 10/10/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-10-60	23c. NAME OF CEMETERY OR CREMATORY Butler Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 10-10-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

210

1907

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Do will call
LO 1-7824

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 Orville Roberts

Licensed Embalmer No. 423

P. O. Address K.C. Mo

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