ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-009270

RTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1052

FILED MAR 20 1961

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 54 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5901 Wyandotte Street
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5901 Wyandotte Street
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NATHAN Middle (none) Last ZOGLIN
4. DATE OF DEATH Month February Day 26 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ Married
8. DATE OF BIRTH 4-18-1891
9. AGE (last birthday) 69
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) Medical Physician
10b. KIND OF BUSINESS OR INDUSTRY Gen. practice.
11. BIRTHPLACE (City and state or country) Russia.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Maurice Zoglin
13b. MOTHER'S MAIDEN NAME Francés(unknown)
14. NAME OF HUSBAND OR WIFE Jennie Zoglin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Jennie Zoglin, 5901 Wyandotte

MEDICAL CERTIFICATION

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 Colon (Sigmoid) — INTERVAL BETWEEN ONSET AND DEATH 6 mo
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. ☐ 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct '60 to 2-26-61 and last saw her/him alive on 2-25-61
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mark Dodge (Degree or title) MD
22b. ADDRESS KC Mo.
22c. DATE SIGNED 2-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 27, 1961
23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. Newcomer's Sons
ADDRESS Kansas City, Missouri.
25. DATE RECD. BY LOCAL REG. 2-27-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF Mark Dodge DOCUMENT

MAY 3 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 4931

P. O. Address KC Mo

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.