

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1821-61-014081
STATE FILE NUMBER

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

FILED MAY 3 1961
1. PLACE OF DEATH

a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Kansas	b. COUNTY Leavenworth
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		c. CITY OR TOWN Leavenworth	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 2 days		d. STREET ADDRESS Not Known	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **BERTHA** Middle **---** Last **ZIBOLD**

4. DATE OF DEATH Month **April** Day **10** Year **1961**

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/11/76	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Not Known	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME U known	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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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) No	16. SOCIAL SECURITY NO. Not Known	17. INFORMANT Records St. Mays Hosp., K. C., Address Mo.
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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) **Lympho epithelioma of tonsil**

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 <input type="checkbox"/> NO <input 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 COUNTY STATE
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21. I attended the deceased from **Jan 1961** to **death** and last saw ^{her}him alive on **Mar. 15 1961**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Williston P. Bunting MD	22b. ADDRESS 305 W 43rd KC Mo	22c. DATE SIGNED Apr 11 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/11/61	23c. NAME OF CEMETERY OR CREMATORY Not Known	23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
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24. FUNERAL DIRECTOR ADDRESS Sexton Fun. Home, Leavenworth, Ks.	25. DATE RECD. BY LOCAL REG. 4-12-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 WILLISTON P. BUNTING
 MEDICAL CERTIFICATION
 SHOULD READ

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 _____
Signature of Student Embalmer

Signed Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K. C. Ka

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.