

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3535823

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 713
 (b) Township Roller Primary Registration District No. 5-942 Registered No. 9
 (c) City Waynesville (d) Street No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Joseph Zeliskey
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.K.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1882
 7. AGE YEARS 58 MONTHS 10 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. D.K.
 9. Industry or business in which work was done, as saw mill, etc. D.K.
 10. Date deceased last worked at this occupation (month, day, and year) no occupation
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hampton (STATE OR COUNTRY) Missouri

13. NAME Cleveland Zeliskey
 14. BIRTHPLACE (CITY OR TOWN) D.K. (STATE OR COUNTRY) 9

15. MAIDEN NAME Mrs. Florence Bass
 16. BIRTHPLACE (CITY OR TOWN) D.K. (STATE OR COUNTRY) 9

17. INFORMANT F. O. Keller (ADDRESS) Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR J. E. Rogers, Son (ADDRESS) Roller, Mo.

20. FILED 10/21/41, 1941 Oct. 11, 1941 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary thrombosis
9 4 a
 Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) C. M. Little (Address) Roller, Mo.

WHITE PLAIN, WITH GRADING INSTRUMENTS IS A PERMANENT RECORD
 N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
Pulaski County Health Officer

File Number 1141-57

Date Filed 11-6-41

STATEMENT BY LICENSED EMBALMER

I, Paul B. Hooper, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3261

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.)