

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7656

FILED MAR 4 1948

Registration District No. 378

Primary Registration District No. 4552

State File No.

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town Mountain Grove
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Elliott Hotel
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1700 S. Campbell 6
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joe E. Zoller
 3. (b) If veteran, name war No
 3. (c) Social Security 304-10-2741

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Leona Stacy Zoller
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 7 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 15 hr. min.

9. Birthplace Cynthiana Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation Traveling Salesman

11. Industry or business Columbus Pharmaceutical Co.

12. Name (Unknown) Zoller

13. Birthplace Little Rock Arkansas
 (City, town, or county) (State or foreign country)

14. Maiden name (Unknown) McGinity

15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona Zoller

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/48
 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Springfield Mo

18. (a) Signature of funeral director H.H. Lohmeyer
 (b) Address Springfield, Mo.

19. (a) 2-21-48 (Date received local registrar) (b) A.B. Ames (Registrar's signature) 543

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 nd
 year 1948 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to died after a few hours illness and without medical aid

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 947

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) _____ (Cause of injury)

23. Signature Spring Staff (Coroner)
 Address Missouri State Date signed 1/22/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 248-268

Date Filed 2-25-48

MAR 5 1948

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.