

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4284

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5229 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>19</u> OR TOWN <u>Strasburg</u> d. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> OR TOWN <u>rural, Park</u>	
b. CITY OR TOWN <u>Strasburg</u> c. LENGTH OF STAY (in this place) <u>1</u> year		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Township Home</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Cath</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>Zerbach</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-49</u>
---	---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug 14, 1880</u>	9. AGE (In years last birthday) <u>68</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	If UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>U.S.S.R.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.S.R.</u>
---	---	---	--

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
-----------------------------------	--	--

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W. Beckeman, M.D. Strasburg, Mo.</u>	ADDRESS _____
--	-------------------------------	---	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about 7 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>156</u> <u>10</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
--	--	----------------------------------

22. I hereby certify that I attended the deceased from July 1, 1948, to March 4, 1949, that I last saw the deceased alive on March 4, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Beckeman, M.D.</u>	23b. ADDRESS <u>0 Strasburg, Mo.</u>	23c. DATE SIGNED <u>3/5/49</u>
---	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>3-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Strasburg Mo</u>
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>March 7-1949</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Herrick Pleasant Hill, Mo.</u>	ADDRESS _____
--	---	---	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *J. W. Hensch*

Licensed Embalmer No. *3599*

P. O. Address *Pleasant Hill, 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.