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

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9551

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humansville
c. LENGTH OF STAY (In this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humansville
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): R.
c. (Last): Zerkel

4. DATE OF DEATH (Month) (Day) (Year): March 30-1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 22-1865
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Zerkel
13b. MOTHER'S MAIDEN NAME: Martha Neace
14. NAME OF HUSBAND OR WIFE: Euphemia Zerkel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Frank Zerkel
ADDRESS: Humansville, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 1949, *to* March 30, 1949, *that I last saw the deceased alive on* March 28, 1949, *and that death occurred at* 9:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. G. Robinson (Degree or title): M.D.
23b. ADDRESS: Humansville Mo.
23c. DATE SIGNED: 3/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3-49
24c. NAME OF CEMETERY OR CREMATORY: Humansville
24d. LOCATION (City, town, or county) (State): Humansville Mo.

DATE REC'D BY LOCAL REG.: April 5, 1949
REGISTRAR'S SIGNATURE: Ralph Gordon per Lowell Gordon
25. FUNERAL DIRECTOR'S SIGNATURE: E. H. Simm
ADDRESS: Humansville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-49-384
Date Filed 4-13-49

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 Wm. W. Northrop, Student Embalmer No. 247, working under my personal supervision.

Signed Wm. W. Northrop
Student Embalmer

Signed E H Primm
Licensed Embalmer No. 4282
P. O. Address Humansville, 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.