

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Will 13481
State File No. 13481
Registrar's No. 13

BIRTH NO.		REG. DIST. NO. 301	PRIMARY REG. DIST. NO. 4450	Registrar's No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Ripley</u>		a. STATE <u>Missouri</u> b. COUNTY: <u>Ripley</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Doniphan Township</u>		
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles East of Doniphan</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Williams Hospital</u>				
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Adam</u>		b. (Middle)		c. (Last) <u>ZAMBRZUSKI</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>
8. DATE OF BIRTH <u>11-11-1876</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>
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 <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>POLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Ferd ZAMBRZUSKI</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE WASSNESKI</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice ZAMBRZUSKI</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ZYGMOND ZAMBRZUSKI</u> ADDRESS <u>St. Louis, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Pulmonary T.B.</u>		
		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 <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)		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 <u>Jan 20, 1949</u> , to <u>Jan 21, 1949</u> , that I last saw the deceased alive on <u>Jan 21, 1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. Williams MD</u> (Degree or title)		23b. ADDRESS <u>Doniphan</u>		23c. DATE SIGNED <u>2-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PAULSKI Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-4-49</u>		REGISTRAR'S SIGNATURE <u>E. G. Johnston</u> 297		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u> ADDRESS <u>Doniphan, Mo.</u>

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

RECEIVED

District Health Officer No. 5,

District File Number 449268

Date Filed 4-12-49

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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.

Signed Carl B. Bird

Signed.....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.