

FILED AUG 1 1949

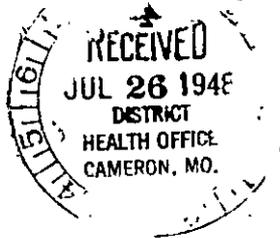
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22959**No. 300
10.4832
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 4170		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY De Kalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY De Kalb			
b. CITY (If outside corporate limits, write RURAL and give township) Union Star Mo		c. LENGTH OF STAY (In this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Union Star		32	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Residence				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) George		c. (Last) Zug		4. DATE OF DEATH (Month) (Day) (Year) 7 2 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar 4, 1867	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 3 Days 28		IF UNDER 24 Hrs. 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 Farming		11. BIRTHPLACE (State or foreign country) Hurlinger Mo		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gertrude			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give year or date of service) no		17. INFORMANT'S SIGNATURE OR NAME Lewis M. Zug		ADDRESS Union Star Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma primary on right side of face with metastasis to throat and lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and lung DUE TO (c) and lung II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year 1948	
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 April 15, 1949 , to July 2, 1949 , that I last saw the deceased alive on June 25, 1949 , and that death occurred at 2:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jack A. Garner, D.O.				23b. ADDRESS King City, Mo		23c. DATE SIGNED 7/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6-1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) St. Joseph Mo	
DATE REC'D BY LOCAL REG. 7-4-49		REGISTRAR'S SIGNATURE E. M. Reynolds		25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Siderfaden		ADDRESS 1802 Union	

(Licensed Embalmer's Statement on Reverse Side)



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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address. St. Joseph M

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.