

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **546**

0231

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

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 4124		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE Missouri b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give town) Kahoka		c. LENGTH OF STAY (in this place) 0 230		c. CITY (If outside corporate limits, write RURAL and give township) Kahoka Mo.		d. STREET ADDRESS (If rural, give location) 376 W Exchange St	
d. FULL NAME OF HOSPITAL OR INSTITUTION				4. DATE OF DEATH (Month) (Day) (Year) 1 - 7 - 1950			
3. NAME OF DECEASED (Type or Print) a. (First) Frederick		b. (Middle) John		c. (Last) ZINNERL		4. DATE OF DEATH (Month) (Day) (Year) 1 - 7 - 1950	
5. SEX Male		16. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Dec. 21 - 1867	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clark Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Zinnerl		13b. MOTHER'S MAIDEN NAME Agnes Hoppe		14. NAME OF HUSBAND OR WIFE Anna Buschling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben W. Zinnerl			
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) myocarditis and Endocarditis 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.				INTERVAL BETWEEN ONSET AND DEATH 11 7 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept 1, 1949 , to Jan 7, 1950 that I last saw the deceased alive on Jan 6, 1950 , and that death occurred at 4 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Perry S. Burton, D.O.				23b. ADDRESS Kahoka, Mo.		23c. DATE SIGNED 1-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 10 - 50		24c. NAME OF CEMETERY OR CREMATORY St Pauls cemetery		24d. LOCATION (City, town, or county), (State) Clark Co. Missouri	
DATE RECD BY LOCAL OFF. 1/18-50		REGISTRAR'S SIGNATURE H. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred J. Karle, Kahoka			

RECEIVED JAN 23 1950
District Health Officer No. 10
District File Number 1-50-15
Date Filed JAN 23 1950

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 Fred Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.