a. COUNTY HOITY D. CITY (If outside corporate limits, write RURAL and give OR		EG. DIST. NO. 137	PRIMARY REG. DIST. NO. 3023 Regist	rar's No. 49
TOWN Clinton Colinton Colint	OUNTY			ed. If institution: residence NTY Henry
HOSPITAL OR Clinton General Hospital 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWICE DIVORCED (Spidify) 10a. USUAL OCCUPATION (Give kind of work dening most of working life, even if renired) 10b. KIND OF BUSINESS OR IN. 11c. Tally Bend St. Clair Co., 10c. 11d. Name of Husband or wife 12d. Name of Husband or wife 13b. Mother's Maiden Name 13b. Mother's Maiden Name 13c. Auss DECEASED EVER IN U. S. ARMED FORCES; 16c. Clair Co., 10c. 17c. Mother's Maiden Name 18c. Custo of Death 19c. Custo of Death 19c. Catherin J. 19c. Medical Certification 19c. Custo of Spinic Name 11d. Name of Husband or wife 11d. Name of Husband or Wi	JK _	township) STAY (in this place)	I UK	d give township) 427
3. NAME OF DECEASED (Print) Rezia Viola Zumwalt (Month) (Deceased of Corper Print) Rezia Viola Zumwalt (Month) (Deceased of Corper Print) Rezia Viola Zumwalt (Month) (Decease of Corper Print) Rezia Viola Zumwalt (Month) Dave (Month of Corper Print) Rezia Viola Zumwalt (Month) Dave (Month of Corper Print) Rezia Viola (Month) Dave (Month of Corper Print) Rezia Viola (Month) Dave (Month of Corper Print) Rezia Viola (Month) Dave (Month) Dave (Month of Corper Print) Rezia Viola (Month) Dave (M	OSPITAL OR			- Q
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) 1.02. IVANLO CCUPATION (City-chiadof work done-during most of working the sevent evidence) 10b. KIND OF BUSINESS OR INDUSTRY 10c. 13 1891 19c. 13 1891 1			OF -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, was if redired) 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY Tally Bend St. Clair Co., Lo. Tally Bend St. Clair Co. Tally Bend St. Clair Co. Tal	<i>I</i>	MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Bildiy)	8. DATE OF BIRTH 9. AGE (In year)	IF UNDER 1 YEAR IF UNDER Months Days Hours
13b. MOTHER'S MAME Calvin J. Burroughs Catherin J. Neighborger Frank Zumwalt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH Enter only one onuspeper line for (a), (b), and (c) This does not mean the discount failure, asthenia, etc. If means the discount which caused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21d. TIME OF INJURY 11 NAME OF HUSBAND OR WIFE 12 Neighborger Frank Zumwalt Clinton, Mi MEDICAL CERTIFICATION ON MEDICAL CERTIFICATION ON Carebral Leurabage ANTECEDENT CAUSES Morbid conditions, if any, giring the underlying cause last. DUE TO (b) DUE TO (c) 110 OTHER SIGNIFICANT, CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19b. MAJOR FINDINGS OF OPERATION TION 21c. (CITY, TOWN, OR TOWNSHIP) MOTWHILE OF INJURY 22. I hereby certify that I attended the deceased from MUCAL LO, 1918, to Tabe 2 14 NAME OF HUSBAND OR WIFE To Name OF HUSBAND TO NO TO NAME TO NO DRECTLY LEADING TO DEATH* ON ON ON ON ON Carebral INT. INFORMANT'S SIGNATURE OR NAME Frank Zumwalt Clinton, Mi ON ON ON ON ON ON ON ON ON O	uring most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZENO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. TOWNSHIP) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **This does not mean the mode of dying, such at heart failure, asthenia, etc. *It means the discase, injury, or complication which caused death, TION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. CACIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 19d. (Day) (Tear) (Time) (Specify) 21b. PLACE OF INJURY (e.g., in or about Office of the discase of conditions, if actory, street, office bldg, east office of the discase of conditions contributing to the death but not related to the discase or condition causing death. 22c. I hereby certify that I attended the deceased from Mach 10, 1918, to Tale 2, 1950, that I last saw		13b. MOTHER'S MAIDEN		
(Year Do. of unknown) (If year sive war or dates of service) NO NO Frank Zuniwalt Clinton, His 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 discuss, if any, giving DUE TO (b) Durpeltenois Carely Anticepting cause last. *DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21a. ACCIDENT (Specity) Porce (Specity) 21b. PLACE OF INJURY (e.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. Mooth) (Day) (Year) (Hour) WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from March 10, 1948, to Fabr 2, 1957, that I last saw	vin J. Burroughs	Catherin J.	Neighborger Frank Zun	nwalt
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, asthemia, etc. *It means the disc. *It means the disc. *It means the disc. *It means the disc cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributions to the draft but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE Conditions contributing to the draft but not related to the disease or condition causing death. 21d. TIME (Mosth) (Repedity) 21b. PLACE OF INJURY (e.g., in or about Office bidg., etc.) WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22 I hereby certify that I attended the deceased from Mach D., 19 18, to Fabr 2, 19 27, that I last saw	or unknown) (If yes, give war or dates of ser	rvice) NO.		ME ADDRI Inton, Missou
the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 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 TION PARE 21a. ACCIDENT SUICIDE HOMICIDE WORK Conditions contributing to the death but not related to the disease or condition causing death. 21d. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR? WHILE AT WORK 193 Conditions 21f. HOW DID INJURY OCCUR? WHILE AT WORK 193 Conditions 21f. HOW DID INJURY OCCUR? 195 Conditions 195 Conditions 196 County) 197 County 1	lly one cause per 1. DISEASE OR CONDI	MEDICAL C	ERTIFICATION	INTERVAL BET
TION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT	Morbid conditions, if e rise to the above cause the underlying cause law, or complication contributing contributing	any, giring DUE TO (b) Lyge (a) stating (b). DUE TO (c) NT CONDITIONS a to the death but not	Mone	142°
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT NOT WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Wash, to July 1950, that I last saw	TION 19b. MAJOR FINDING	S OF OPERATION ;		20. AUTOPSÝ
OF INJURY MHILE AT NOT WHILE AT WORK AT WORK AT WORK 20, 19 88, to 19 20, that I last saw	CIDENT (Specify) 21b.F	PLACE OF INJURY (e.g., in or about , farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COL	UNTY) (STATE
22. I hereby certify that I attended the deceased from work 20, 1948, to 100, 1950, that I last saw alive on 1950, and that death occurred at 747 Pm., from the causes and on the date stated abo	E (Month) (Day) (Year) (Hour)	WHILEAT CO NOT WHILE CO	21f. HOW DID INJURY OCCUR?	
	reby certify that I attended the d ve on 1950, c	leceased from work 20 and that death occurred at	7457 Pm., from the causes and on the do	at I last saw the dec ate stated above.
5.B. Brylis 1) W.D. Clinton No.	SNATURE	· /// - 1	Quelon, Mo.	23c. DATE SI
248. BURIAL. CREMA- TION, REMOVAL (Build) Burial 1 Feb 5 1950 Englewood Cemetery Clinton, Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	S.B. Brylia		CONCRETED AND AND ADDRESS OF THE PARTY OF TH	n, or county) (St

096191 d35

RECEIVED District Health Officer No. 7, District File Number 1-50.47 Date Filed 2 - 13.50

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______

working under my personal supervision.

Student Embalmer

Licensed Embalmer No

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.

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