

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4734

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>0943</u> OR TOWN <u>FARMINGTON MO HIGHWAY 24A</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MART'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>JOSEPH</u>		c. (Last) <u>ZOLMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>16</u> <u>50</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>		8. DATE OF BIRTH <u>2/3/1948</u>	
9. AGE (In years last birthday) <u>2YRS</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 RES. Hours _____ Min. _____		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>FARMINGTON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM ZOLMAN</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES WENGLER</u>		14. NAME OF HUSBAND OR WIFE _____			
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>Wm. ZOLMAN</u>		ADDRESS <u>FARMINGTON MO.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) acute bilateral bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute naso-pharyngitis</u> 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 <u>3 days</u> <u>8 days</u> <u>4721</u>	
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) _____ m.		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>2-8</u> , 1950, to <u>2-16</u> , 1950, that I last saw the deceased alive on <u>2-16</u> , 1950, and that death occurred at <u>5:07 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. J. Sarland</u> (Degree or title) _____				23b. ADDRESS <u>118 N. Main St. Ironton, Mo</u>		23c. DATE SIGNED <u>2-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW CALVARY</u>		24d. LOCATION (City, town, or county) (State) _____ <u>FARMINGTON MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 20, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Gouss</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COZBAN FUNERAL HOME</u>		ADDRESS <u>FARMINGTON MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-266

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

C. A. Howell

Licensed Embalmer No. 3670

P. O. Address. Houston, Tex

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.