

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13759

BIRTH NO. 124		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 5747		Registrar's No. 24		
1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY SANGAMON				
b. CITY (If outside corporate limits, write RURAL and give town) RURAL - MARQUAND		c. LENGTH OF STAY (in this place) 1 - week		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		8/20		
d. FULL NAME OF HOSPITAL OR INSTITUTION MARQUAND, MO.				d. STREET ADDRESS (If rural, give location) NONE				
3. NAME OF DECEASED (Type or Print) a. (First) KURT			b. (Middle) PAUL		c. (Last) ZWIENER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 8, 1950	
5. SEX O MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) Unknown		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? Unknown		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NONE				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONERS JURY VERDICT: DEATH DUE TO NATURAL CAUSES. ANTECEDENT CAUSES Morbidity 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 7955
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE				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) MARQUAND TOWNSHIP, MADISON, MO.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Sam Dajim, Jr. Coroner, Madison Co. Mo.				23b. ADDRESS Fredericktown Mo.		23c. DATE SIGNED 4-12-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-12-50		24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.		
DATE REC'D BY LOCAL REG. 4-19-1950		REGISTRAR'S SIGNATURE Florence Nickols		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Dajim, Jr., Fredericktown, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

620

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

APR 27 1950

DEPARTMENT OF HEALTH OFFICE No. 4

FILE NO. 450-607

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by ~~me~~ or by _____

~~Student Embalmer No.~~

~~working under my personal supervision.~~

Student

~~Student Embalmer~~

Signed

Sam Lajin, Jr.

Licensed Embalmer No. 4299

P. O. Address

Fredericktown, 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.