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

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14263

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH a. COUNTY <u>St Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> , b. COUNTY <u>St Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City Mo</u>		c. LENGTH OF STAY (in this place) <u>16 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Appleton Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eliott Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>72 mi. S.E. Appleton City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u>		b. (Middle) _____		c. (Last) <u>Zink</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 20 - 1872</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days <u>12</u>		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Urish Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew J Zink</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Jane Clinton</u>		14. NAME OF HUSBAND OR WIFE <u>Della Yonce</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Zink Appleton City 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis</u> 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. 4222				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>11 Dec 1948</u> to <u>1 May 1950</u> , that I last saw the deceased alive on <u>1 May 1950</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Reed</u> (Degree or title)				23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>2 May 50</u>	
24a. BURIAL, CREMATION, DISPOSAL (Specify)		24b. DATE <u>May 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Cleo Abney</u> 285		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Lee Appleton City Mo</u>			

RECEIVED 59-50
District Health Officer No. 71
District File Number 4150-48
Date Filed 31 9 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 _____
ME on the 1st day of May 1950 Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1999

P. O. Address Appleton City 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.