

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32925**

FILED OCT 31 1951

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4123 Registrar's No. 56

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 township) OR TOWN Wayland, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wayland, Missouri <u>1230</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Eli	
		c. (Last) Zellers	
4. DATE OF DEATH (Month) (Day) (Year) Oct 25th 1951			
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH Oct 24th 1875
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Hoisting Engr.	
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Zellers		13b. MOTHER'S MAIDEN NAME Jane Crow	
14. NAME OF HUSBAND OR WIFE Mrs Geo Eli Zellers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, date, rank, etc.) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Mary Zellers, Wayland, Mo		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary, Thrombosis	
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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201	
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) (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 Nov 8, 1950 , to 10/25, 1951 , that I last saw the deceased alive on 10/25, 1951 , and that death occurred at 2 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE J. Shannon (Degree or title)		23b. ADDRESS Stokola Mo.	
23c. DATE SIGNED 10/26/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE OF BURIAL, CREMATION, OR REMOVAL 10/29/51	
24c. NAME OF CEMETERY OR CREMATORY Belleville, Ill. Cen.		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	
DATE REC'D BY LOCAL REG. 10/24-51		REGISTRAR'S SIGNATURE J. D. Bridgman	
25. FUNERAL DIRECTOR'S SIGNATURE J. F. Krich		ADDRESS Wayland Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1980
Date Filed: OCT 30 1951

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 No. _____

Student _____
Student Embalmer _____

Signed *H F Kinder* _____

Licensed Embalmer No. *2611* _____

P. O. Address *Wayland, 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.