

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43867

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 4533 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City</u> <u>1948</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Addie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Zeckemeier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 28 1890</u>
9. AGE (In years last birthday) <u>61</u>		10. BIRTHPLACE (State or foreign country) <u>Montgomery Co K</u>	
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Restaurant Helper</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Atterberry</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Lee McCallan</u>	
14. NAME OF HUSBAND OR WIFE <u>Alvin Zeckemeier</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	
16. SOCIAL SECURITY NO. <u>500-28-8593</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Zeckemeier</u> ADDRESS <u>Wright 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>Hepatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u>			
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 <u>154X</u>	
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.) <u>Wright City, Warren, Mo</u>	
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>1-15</u> , 19 <u>57</u> , to <u>12-4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12-3</u> , 19 <u>57</u> , and that death occurred at <u>11:30 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. S. Beckmeyer, D.D.</u> (Degree or title)		23b. ADDRESS <u>Wright City, Mo</u>	
23c. DATE SIGNED <u>12-6-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 7 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Florence</u>		24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 19 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs F. W. Hughes</u> 335	
FUNERAL DIRECTOR'S SIGNATURE <u>Beckmeyer Funeral and Co</u>		ADDRESS <u>Wright City Mo</u>	

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

1090

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 28 1951

RECEIVED

JAN 1 7 1952

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.

Signed.....
Student Embalmer

Signed Julius J. Nieburg
Licensed Embalmer No. 3366

P. O. Address Wright 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.