

FILED DEC 13 1952

## STANDARD CERTIFICATE OF DEATH

State File No. **39554**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **5810** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lower Loutre</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0700</b> OR TOWN <b>Lower Loutre</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>home</b>			

3. NAME OF DECEASED (Type or Print) <b>James</b>		a. (First) <b>William</b>		b. (Middle) <b>Zumwalt</b>		c. (Last) <b>Zumwalt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-4-1952</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>2-16-1873</b>		9. AGE (In years last birthday) <b>79-9-17</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>William Zumwalt</b>		13b. MOTHER'S MAIDEN NAME <b>Delcena Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Ada Zumwalt "Deceased"</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-22-6290</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Zelma Stuecken</b> ADDRESS <b>Big Springs Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES		<b>Sudden</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Hypertensive Cardio Vasculature</b>		<b>17 years</b>	
		DUE TO (c) <b>Diabetes Mellitus</b>		<b>2 years</b>	
II. OTHER SIGNIFICANT CONDITIONS		<b>Chronic nephritis and Arteriosclerosis</b>		<b>17 years</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>	
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 **3-18**, 19**57**, to **12-3**, 19**52**, that I last saw the deceased alive on **12-3**, 19**52**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. F. T. Anderson, M.D.</b>		23b. ADDRESS <b>Montgomery City, Mo</b>		23c. DATE SIGNED <b>12/3/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 5 th 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City</b>	
		24d. LOCATION (City, town, or county) <b>Montgomery City Mo</b>		(State)	

DATE REC'D BY LOCAL REG. <b>Dec. 5 1952</b>		REGISTRAR'S SIGNATURE <b>Mrs. Eunice Bush</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Hopkins</b> ADDRESS <b>MONTGOMERY CITY MO</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0700

INSTITUTION TO HEALTH TO MONTEGOMERY CITY

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 XX on the 3

day of Dec 1952

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *P. O. Hopkins*

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.