No. 300
10.48

FILED JAN 22 1953

THE DIVISION OF HEALTH, OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45200

State File No.

BIRTH NO. REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6239 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Bellevue
c. LENGTH OF STAY (In this place): 27yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO.
b. COUNTY: WASH
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle):
c. (Last): ZANNER

4. DATE OF DEATH (Month) (Day) (Year): 12 4 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct 21, 1866
9. AGE (In years last birthday): 86
If under 1 year: Months: 1 Days: 13
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): GERMANY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH: 2yrs. or more

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mellitus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 260X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 25, 1950, *to* Dec 4th, 1950, *that I last saw the deceased alive on* Nov. 28, 1952, *and that death occurred at* 4:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. W. Dale (Degree or title): M.D.
23b. ADDRESS: Bismarck, Mo.
23c. DATE SIGNED: 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-10-52
24c. NAME OF CEMETERY OR CREMATORY: Lutheran
24d. LOCATION (City, town, or county) (State): Bismarck Mo.

DATE REC'D BY LOCAL REG.: 12 22 52
REGISTRAR'S SIGNATURE: Ella D. Lutke 336
25. FUNERAL DIRECTOR'S SIGNATURE: Shipman & Sons
ADDRESS: Bismarck, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.