.S. No. 300
EV. 10-48

0650

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

ILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6890

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4323 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ravanna
c. LENGTH OF STAY (In this place): 54yrs
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: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ravanna 0650
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): 1-29-53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-22-1862
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months: 2 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Harness Maker
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Highland, Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Zully
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Ida M. Zully

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Ida M. Zully **ADDRESS**: Ravanna, Mo

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) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

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

DUE TO (b) Cardiac decompensation — 6 wks.

DUE TO (c) Senile debility — yrs.

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

4343

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* October, 1951, *to* January 29, 1953, *that I last saw the deceased alive on* Jan. 29, 1953, *and that death occurred at* 10:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo F. Lawson MD
23b. ADDRESS: Box 98 Mercer Missouri
23c. DATE SIGNED: 2-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-2-53
24c. NAME OF CEMETERY OR CREMATORY: Ravanna
24d. LOCATION (City, town, or county) (State): Mercer, Co., Mo

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Noel Moss 393-1
25. FUNERAL DIRECTOR'S SIGNATURE: Noel Moss **ADDRESS**: Princeton, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1954

APR 27 1954

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

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Hal Smith

Licensed Embalmer No. 2634

P. O. Address Princeton Me

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.