

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13133

State File No. ....

FILED APR 29 1953

BIRTH NO. 20036 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 146

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u> <u>1050</u>	
c. LENGTH OF STAY (in this place) <u>29 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Erin Smith Mem. Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>Baby</u>			a. (First)			b. (Middle)			c. (Last) <u>Zuigley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>April 22, 1953</u>			9. AGE (In years last birthday)		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) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (State or foreign country) <u>Kirkville Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John David Zuigley</u>			13b. MOTHER'S MAIDEN NAME <u>NAVERL JEAN CAUSWELL</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John David Zuigley</u>				ADDRESS <u>Browning Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis, right lung</u>						<u>29 hours</u>	
		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 checked="" type="checkbox"/>	
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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)		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 4-22-1953, to 4-23-1953, that I last saw the deceased alive on 4-23-1953, and that death occurred at 4:46 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>4/23/53</u>	
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24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locust Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Browning Rural Browning, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-23-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u> <u>1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning, Mo.</u>	
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**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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Brownie

**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.