

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**29434**

State File No. ....

FILED SEP 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 77

130

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camp Crowder</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Army Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Zavatson</u> c. (Last) <u>Zavatson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-21-1908</u>
9. AGE (In years last birthday) <u>44</u>		10. MONTHS <u>44</u>	11. DAYS <u>44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Soldier</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Uniontown, Penn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Zavatson Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Eleanor Keck Zavatson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>492-36-2220</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Eleanor Zavatson</u> ADDRESS <u>Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> <u>10 yrs.</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>4201</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.) _____		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 <u>Aug 27, 1953</u> , to <u>Aug 27, 1953</u> , that I last saw the deceased alive on <u>Aug 27, 1953</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. D. Maltzberg</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Camp Crowder, Mo.</u>	
23c. DATE SIGNED <u>Aug 28, 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin C. Bowman</u> ADDRESS <u>M. D. McKell Mortuary, Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-28-53</u>		REGISTRAR'S SIGNATURE <u>223</u>	

DEC 29 1953

SEP 11 1953

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_  
District File Number 953-121  
Date Filed SEP 3 1953

NEOSHO, MISSOURI

SEP 15 1953

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 Carly Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.