

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31343

State File No.

FILED SEP 18 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Otago, Mo.</u>		c. CITY OR TOWN <u>Linn, Mo.</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amey</u> b. (Middle) <u>B.</u> c. (Last) <u>Zewicki</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 23 1974</u>
9. AGE (in years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>19</u> Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	
13a. FATHER'S NAME <u>Augustus Busch</u>		13b. MOTHER'S MAIDEN NAME <u>America Marie Woody</u>	
14. NAME OF HUSBAND OR WIFE <u>(deceased) Emoch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Laura Knoen</u>		ADDRESS <u>Linn, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute exsanguination</u> ANTECEDENT CAUSES DUE TO (b) <u>hemorrhagic gastritis</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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>543x</u>	
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) (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 <u>9-7-</u> 19 <u>53</u> , to <u>9-14-</u> 19 <u>53</u> , that I last saw the deceased alive on <u>9-13-</u> 19 <u>53</u> , and that death occurred at <u>3 a.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Thomas W. Baldwin, D.O.</u>		23b. ADDRESS <u>Linn, Mo.</u>	
23c. DATE SIGNED <u>9/14/53</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to Burial</u>		24b. DATE <u>Sept 17 - 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Linn Public Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 15-53</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Mochon</u>		ADDRESS <u>Linn, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1958

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.....
Signature of Student Embalmer

Signed *Vernon Norton*.....

Licensed Embalmer No. *41-*.....

P. O. Address *Linn*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.