

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36740

State File No.

FILED OCT 26 1953

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>220 South Main</u>	

3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) Mary c. (Last) Zoellner

4. DATE OF DEATH (Month) (Day) (Year)
October 15, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH August 31, 1878 9. AGE (In years last birthday) 75 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Perry County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ferdinand Baudendistel 13b. MOTHER'S MAIDEN NAME Sophia Schumer 14. NAME OF HUSBAND OR WIFE Adolph H. Zoellner

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 Adolph H. Zoellner, 220 S. Main, Perryville ADDRESS MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas

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. 157X

19a. DATE OF OPERATION 9/29/53 19b. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas i common duct obstruction 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 28, 1953, to October 15, 1953 that I last saw the deceased alive on October 15, 1953, and that death occurred at 4:14A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph P. Wolfman M.D. 23b. ADDRESS Perryville, Mo. 23c. DATE SIGNED 10/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE October 17, 1953 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 24d. LOCATION (City, town, or county) (State) Perryville, Mo.

DATE REC'D BY LOCAL REG. 10-17-53 REGISTRAR'S SIGNATURE Joseph P. Wolfman 25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo. ADDRESS

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

JAN 20 1954

JUL 20 1956

JUL 2 1957

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, _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Albert Bey

Licensed Embalmer No. *3866*

P. O. Address *Ferryville, 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.