

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5230**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **57**

|   |  |  |   |   |  |  |  |   |  |
|---|--|--|---|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON KEE</b>  |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>JOPLIN</b>   |  | c. LENGTH OF STAY (in this place)<br><b>DOA</b>  |   | c. CITY OR TOWN<br><b>JOPLIN</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>FREEMAN HOSPITAL</b>  |  |  |   | e. STREET ADDRESS (If rural, give location)<br><b>ROUTE 2, GALENA, KANSAS</b>   |  |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>OTTO</b>   |  |  | b. (Middle) <b>J.</b>                           |   | c. (Last) <b>ZENTNER</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>FEB. 3, 1954</b> |   |  |
| 5. SEX <input checked="" type="checkbox"/> MALE   |  | 6. COLOR OR RACE <b>WHITE</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>   |  | 8. DATE OF BIRTH<br><b>AUG 2, 1879</b>   |  | 9. AGE (In years last birthday) <b>74</b><br>If UNDER 1 YEAR: Months _____ Days _____<br>If UNDER 24 HRS.: Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED OWNER</b>   |  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>DAIRY</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>MISSOURI</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>IMMANUEL ZENTNER</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>JULIA HAMBY</b> |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>PEARL ZENTNER</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |  |  | 16. SOCIAL SECURITY NO.                         |   | 17. INFORMANT'S SIGNATURE OR NAME: ADDRESS<br><b>PEARL ZENTNER, RT 2, GALENA, KAN.</b> |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Exposure</b><br>DUE TO (c) <b>Infection</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 weeks</b>  |  |
| 19a. DATE OF OPERATION  |  |  | 19b. MAJOR FINDINGS OF OPERATION                |   |  | 20. AUTOPSY?<br>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)<br><b>7901</b>  |  |  |  |   |  |
| 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 <b>No 19</b> , to <b>No</b> , 19___, that I last saw the deceased alive on <b>19</b> , 19___, and that death occurred at ___ m., from the causes and on the date stated above. |  |  |   |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>R.K. Saylor M.D.</b>   |  |  |   | 23b. ADDRESS<br><b>728 Frisco Bldg</b>  |  |  | 23c. DATE SIGNED<br><b>7/9/54</b>                            |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |  | 24b. DATE<br><b>2-6-54</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>OSBORNE</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>JOPLIN, MISSOURI</b>   |  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>2-11-54</b>  |  | REGISTRAR'S SIGNATURE<br><b>W.D. James</b>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>  |  |  |   |  |

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

RECEIVED FEB 16 1954

Jasper County Health Office

County File Number 54-2-123

Date Filed FEB 16 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 233

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.