No. 300
10.48

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

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

State File No. 10558

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2620

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Franklin
c. CITY OR TOWN: Pacific Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0360 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Edward
b. (Middle): Zitzman
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): 3 19 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 4-9-1880
**9. AGE** (In years last birthday): 73 — 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): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**: Bldg maintance
**11. BIRTHPLACE** (City and State or Foreign Country): Grays Summit Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Louis Zitzman
**13b. MOTHER'S MAIDEN NAME**: Augusta Brock
**14. NAME OF HUSBAND OR WIFE**: Ada Zitzman
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown)
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Ella Zitzman — ADDRESS: Pacific Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bulbar palsy — INTERVAL BETWEEN ONSET AND DEATH: 12 da

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Arteriosclerosis — yrs.
DUE TO (c): (Thrombosis or hemorrhage)

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 ☐ 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?**: 332X

22. *I hereby certify that I attended the deceased from* 14 Mar, 1954, *to* 19 Mar, 1954, *that I last saw the deceased alive on* 18 Mar, 1954, *and that death occurred at* 1:15 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Ray David Williams MD
**23b. ADDRESS**: 114 No Taylor
**23c. DATE SIGNED**: 19 Mar 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 3-21-54
**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Cem
**24d. LOCATION** (City, town, or county) (State): Pacific Mo

DATE REC'D BY LOCAL REG. MAR 22 1954
MAR 22 1954
REGISTRAR'S SIGNATURE: J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: John A Mohes — ADDRESS: Pacific Mo
(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1954

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Thiessen.....

Licensed Embalmer No. 300.

P. O. Address Pacific

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.