

FILED APR 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. 11218

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Cedar		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Hartsburg R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hartsburg R.F.D.			

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Lena c. (Last) Zumwalt			4. DATE OF DEATH (Month) (Day) (Year) April 10 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 11 1875		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Days 9	
11. IF UNDER 24 HRS. Hours Min. 29		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME John Bailey		13b. MOTHER'S MAIDEN NAME Christina Emerine		14. NAME OF HUSBAND OR WIFE Thomas Zumwalt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Zumwalt Hartsburg 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Glomerulo Nephroses		
	DUE TO (c) Chronic Heart Failure		
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 type="checkbox"/> NO <input 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) 593x	
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 **Feb. 28**, 19**54**, to **April 10**, 19**54**, that I last saw the deceased alive on **April 10**, 19**54**, and that death occurred at **4:45P** m., from the causes and on the date stated above.

23a. SIGNATURE James E. Steffen D.O.		(Degree or title)		23b. ADDRESS Aspland Mo.	
23c. DATE SIGNED 4/11/54					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 13 1954		24c. NAME OF CEMETERY OR CREMATORY Bonds Chapel	
24d. LOCATION (City, town, or county) (State) Hartsburg Mo.					

DATE REC'D. BY LOCAL REG. 4/11/54		REGISTRAR'S SIGNATURE Mrs Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Burnett Aspland Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 W. C. F. Burnett

Licensed Embalmer No. 3564

P. O. Address Cashland

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.