

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11809**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **446**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield	c. LENGTH OF STAY (in this place) 1 hr 10 min	c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		e. STREET ADDRESS (If rural, give location) 1310 North Robberson	

3. NAME OF DECEASED (Type or Print) GORDON	a. (First) GORDON	b. (Middle) EVERETT	c. (Last) ZOLLER	4. DATE OF DEATH (Month) (Day) (Year) May 3 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1907	9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Hotel Supplies	11. BIRTHPLACE (City and State or Foreign Country) Bellview Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joe E Zoller	13b. MOTHER'S MAIDEN NAME Viola Wuest	14. NAME OF HUSBAND OR WIFE Mrs Lillian E Zoller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 377-07-3970	17. INFORMANT'S SIGNATURE OR NAME Mrs Lillian Zoller, Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of Anterior DUE TO (c) Descending Branch Coronary Artery		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" 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)
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 **4 Nov, 1952**, to **3 May, 1954**, that I last saw the deceased alive on **3 May, 1954**, and that death occurred at **12:40P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley Peterson MD	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 7 May 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5, 1954	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
24d. LOCATION (City, town, or county) Springfield, Missouri		(State)

DATE REC'D BY LOCAL REG. 5-8-54	REGISTRAR'S SIGNATURE Edith Williamson	FUNERAL DIRECTOR'S SIGNATURE Jewell E. Windle	ADDRESS Springfield, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1957 8 28 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, or by Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed *Gene G. Hunter*
Licensed Embalmer No. *473*
P. O. Address *Springfield*

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.