

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1954

State File No. _____

BIRTH NO. 36690-54 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 30 min.	c. CITY OR TOWN Independence		d. In 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 Sanitarium			f. STREET ADDRESS (If rural, give location) 1334 S. Main		
3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) d Dean c. (Last) Zeller			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH June 29, 1954		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 0 0 0 0 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Chas. F. Zeller		13b. MOTHER'S MAIDEN NAME Millie E. Points		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. F. Zeller, Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 26 Wks Gestation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polyhydramnios DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 770 X				20. AUTOPSY? 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)	
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 <u>June 29, 1954</u> , to <u>June 29, 1954</u> , that I last saw the deceased alive on <u>June 29, 1954</u> , and that death occurred at <u>8:15A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James E. ... M.D.			23b. ADDRESS 3170 Kansas St., Independence, Mo.		23c. DATE SIGNED 7-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/54	24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 7-2-54	REGISTRAR'S SIGNATURE James E. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. C. Carson Independence, Mo.		

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 Not Embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 474

P. O. Address Independence

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.