

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23616**

BIRTH NO. **44942-54** REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **304a** Registrar's No. **139**

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

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>		
b. CITY OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Sampsel</b>		d. STREET ADDRESS (If rural, give location) <b>05-90</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cathey</b> b. (Middle) <b>Sue</b> c. (Last) <b>Zullig</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 30, 1954</b>		9. AGE (In years last birthday) <b>6</b> MONTHS <b>01</b> DAYS <b>0</b> HOURS <b>0</b> MINS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Charles R. Zullig</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Emma Gaston</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>N</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. R. Zullig; R. R. #. 4; Chillicothe, Mo.</b> ADDRESS		
MEDICAL CERTIFICATION					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congenital atelectasia of lungs</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		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 <b>7620</b>			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) m.		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>June 30, 1954</b> to <b>June 30, 1954</b> , that I last saw the deceased alive on <b>June 30, 1954</b> , and that death occurred at <b>11:50 am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Joseph F. Gale</b> (Degree or title) <b>Mgr.</b>			23b. ADDRESS <b>Chillicothe, Mo.</b>		23c. DATE SIGNED <b>7-2-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-1-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive</b>	24d. LOCATION (City, town, or county) (State) <b>Livingston County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-2-54</b>	REGISTRAR'S SIGNATURE <b>Francis B. Nail</b> <b>1717C</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home; Chillicothe, Mo.</b> ADDRESS		

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

*Elton Nunnaw*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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.