

FILED FEB 17 1955

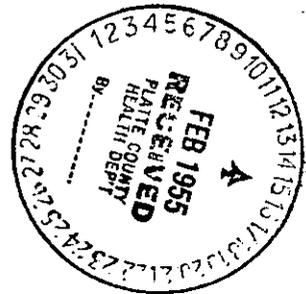
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5815

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4423</u>		Registrar's No. <u>15</u>		
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Weston</u>		c. LENGTH OF STAY (In this place) <u>10 year</u>		c. CITY OR TOWN <u>Weston</u>		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 _____				f. STREET ADDRESS (If rural, give location) <u>411 Main</u> <u>0830</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Zander</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1955</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 15, 1887</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Recreation Hall</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Recreation Hall</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mineral Point, Wis.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Peter Zander</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Young</u>		14. NAME OF HUSBAND OR WIFE <u>Veula Thomas</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>545-30-9368</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George W. Zander Weston, Mo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis</u>				
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 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) <u>4201</u>				
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>Jan 25, 1955</u> , to <u>Jan 25, 1955</u> , that I last saw the deceased alive on <u>Jan 25, 1955</u> , and that death occurred at <u>1:30am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature] D.O.2</u>				23b. ADDRESS <u>Weston, Mo.</u>		23c. DATE SIGNED <u>1-26-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-55</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Graceland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 27-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vaughn Funeral Home Weston, Mo.</u>				

(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Vaughn*.....

Licensed Embalmer No. *K02*.....

P. O. Address *Weston, Mo.*.....

**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.