

FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9097

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rolla</b> )	c. LENGTH OF STAY (in this place) township) <b>20 years</b>	c. CITY OR TOWN <b>Rolla</b>	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 <b>602 West 7th Street</b>		STREET ADDRESS (If rural, give location) <b>602 West 7th Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MABEL</b>	b. (Middle) <b>WILLIE</b>	c. (Last) <b>ZEUCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 6, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 14, 1895</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Circuit Clerk Off.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Vienna, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William L. Hawkins</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Walter Charles Zeuch</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bertha Evans</b>	ADDRESS <b>Denver, Colo.</b>
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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) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
	MEDICAL CERTIFICATION 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b> (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 12-21, 1934, to 3/6, 1955, that I last saw the deceased alive on 3/5, 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. J. C. ...</b> (Degree or title)	23b. ADDRESS <b>Rolla, Mo</b>	23c. DATE SIGNED <b>3/7/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 8, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>James Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marion County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 2, 1955</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stool</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Mullen</b>	ADDRESS <b>Rolla, Mo.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

County File Number \_\_\_\_\_  
Date Filed 3-14-55

APR 18 1955

MAY 24 1955

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 Paul E. Nul

Licensed Embalmer No. 449

P. O. Address Rolla,

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.