

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **32337**

FILED NOV 14 1955		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1183	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN St. Joseph		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 Missouri Methodist Hospt.				e. STREET ADDRESS (If rural, give location) 309 W. Colorado Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) Ronald c. (Last) Zeltwanger				4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Nov. 3, 1955	
9. AGE (In years last birthday) 0		10. MONTHS 0		11. DAYS 1		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Arthur Zeltwanger				13b. MOTHER'S MAIDEN NAME Charlotte Frans		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Arthur Zeltwanger 309 W. Colo. Ave	
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) <u>Fetal D+electasis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Delivery by Cesarean section on 11/3/55</u> DUE TO (c) <u>7620</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)			
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 <u>11/3, 1955</u> to <u>11/4, 1955</u> , that I last saw the deceased alive on <u>11/4, 1955</u> , and that death occurred at <u>6:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Seord C. Benson</u>				23b. ADDRESS <u>510 E. 1st St. Bldg. City</u>		23c. DATE SIGNED <u>11/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.		24d. LOCATION (City, town, or county) (State) Troy, Kansas	
DATE REC'D BY LOCAL REG. Nov 9, 1955		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark</u> ADDRESS Clark Funeral Home St. Joseph, Mo.			

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Emmett Clark*

Licensed Embalmer No..... *472*

P. O. Address..... *St. John*

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.