

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4199

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give town) Lohman- Rural		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Lohman- Rural		d. STREET ADDRESS (If rural, give location) Three Miles South East
3. NAME OF DECEASED (Type or Print) a. (First) Larry			b. (Middle) Glen		c. (Last) Zink
4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1956			5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 8, 1941		9. AGE (In years last birthday) 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (State or foreign country) Missouri-Cole County		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William Otto Zink		13b. MOTHER'S MAIDEN NAME Beulah Duncan		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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Otto Zink- Lohman, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Chest Injuries				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) Lohman- Rural (COUNTY) Cole (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-19-1956 11:45		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Turned Over		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 a.m., from the causes and on the date stated above.					
23a. SIGNATURE J. Bruce W. Jefferson			23b. ADDRESS Brownsville, Mo.		23c. DATE SIGNED 2-21-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-22-56	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran		24d. LOCATION (City, town, or county) Lohman, Missouri (State)
DATE REC'D BY LOCAL REG. Feb. 21		REGISTRAR'S SIGNATURE Mrs. Minnie Hittmeyer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugo H. Schubert Russellville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1958

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. 2820

working under my personal supervision.

Student
Student Embalmer

Signed Hugo H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville

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.