

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17293

FILED JUN 12 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> c. CITY OR TOWN <u>West Plains</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rolla</u> c. LENGTH OF STAY (in this place) <u>1 year</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 <u>McFarland Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>126 Penn Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Reeter</u> c. (Last) <u>Zirkle</u>	4. DATE OF DEATH <u>June 2, 1956</u> (Month) (Day) (Year)
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>Oct. 2, 1871</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>T. P. Zirkle</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy E. Zirkle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Daisy E. Zirkle</u> ADDRESS <u>West Plains, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Demented</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MORIBUND 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 <u>304X</u>	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) (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 5-27, 1955 to 6-2, 1956, that I last saw the deceased alive on 5-27, 1956 and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind M.D.</u> (Degree or title)	23b. ADDRESS <u>Rolla Mo.</u>	23c. DATE SIGNED <u>6-4-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 2, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>West Plains, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u> ADDRESS <u>Rolla, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1956</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	

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

RECEIVED

Phelps County Health Officer,

County File Number 441

Date Filed JUN 11 1956

JUN 13 1956

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. N...*

Licensed Embalmer No. 44

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.