FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35155

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: ST CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Appleton City — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Ellett Mem. — Length of stay in 1b: 5 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Bates
c. CITY OR TOWN: Adrian, Mo. — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Mary — Middle: Sophia — Last: Zellman

4. DATE OF DEATH: Month: Oct — Day: 13 — Year: 56

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: May 1-82

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Montrose, Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Meichalin

14. MOTHER'S MAIDEN NAME: Margaret Kleuver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs Robbins Huey — Address: Appleton City Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: 7 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): — DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 2900

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954, to 13 Oct 1956 and last saw her/him alive on 13 Oct 56. Death occurred at 11:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. T. Ellett Mgr

22b. ADDRESS: Appleton City

22c. DATE SIGNED: 15 Oct 56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 17-56

23c. NAME OF CEMETERY OR CREMATORY: Mt. Vernon

23d. LOCATION (City, town, or county) (State): Amsterdam Mo.

24. FUNERAL DIRECTOR ADDRESS: Oscar Eckhoff Appleton City

25. DATE RECD. BY LOCAL REG.: Oct. 16. 1956

26. REGISTRAR'S SIGNATURE: Cleo Abney

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be issued. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Oscar Eckhoff

Licensed Embalmer No. 39

P. O. Address Appleton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.