

FILED DEC 5 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **39007**

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 216	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Rolla		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 Cottingham Clinic 10th and Elm, Sts.				e. STREET ADDRESS (If rural, give location) 624 Salem Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) LEE c. (Last) ZEUCH			4. DATE OF DEATH Nov. 26, 1956 (Month) (Day) (Year)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 18, 1931 24 Months 11 Days 8 Hours Min.	
9. AGE (In years last birthday) 24		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None, unable to work		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter Charles Zeuch		13b. MOTHER'S MAIDEN NAME Mabel Hawkins		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. None		17. INFORMANT'S SIGNATURE OR NAME Chas. Ragan, 624 Salem Ave., Rolla Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					12 hours
		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 Portal cirrhosis					6 months
		Conditions contributing to the death but not related to the disease or condition causing death. Hargryle Type Dwarf.					Congenital
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)		4201	
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 Feb 1935 to 11/26, 1956 , that I last saw the deceased alive on 11/26, 1956 and that death occurred at 3:00P m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) Dr. [Signature]				23b. ADDRESS Rolla Mo		23c. DATE SIGNED 11/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 29, 1956	24c. NAME OF CEMETERY OR CREMATORY James Cemetery		24d. LOCATION (City, town, or county) (State) Near: Vienna, Marie, Mo.		
DATE REC'D BY LOCAL REG Nov. 29, 1956		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Rolla Mo.,	

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

RECEIVED

Phelps County Health Officer,

County File Number 587

Date Filed DEC. 3, 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 S. S. Muel

Licensed Embalmer No. 339

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.