

STANDARD CERTIFICATE OF DEATH

31523

STATE FILE NUMBER

FILED SEP 16 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 867-A

300 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Polk	
c. FULL NAME OF (If NOT in hospital, give location) St. Johns Hosp.		d. STREET ADDRESS (If outside, give location) Edge of Polk, Mo.	

3. NAME OF DECEASED (Type or print) First Henry Middle (X) Last Zumwalt			4. DATE OF DEATH Month Sept. Day 3 Year 1957		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Polk; Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. M. Zumwalt	13b. MOTHER'S MAIDEN NAME Elizabeth Zumwalt	14. NAME OF HUSBAND OR WIFE Mae Zumwalt
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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. 495-40-3093	17. INFORMANT Mae Zumwalt, Polk, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Nephrosclerosis Uremia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive C-V Disease, Arter DUE TO (c) 		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	20f. CITY, TOWN, OR LOCATION 	COUNTY 	STATE
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21. I attended the deceased from August 22, 57 to 9-3-57 and last saw him alive on 9-3-57 Death occurred at 1:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.D. Paul, M.D.	(Degree or title) D	22b. ADDRESS 609 Cherry, Springfield, Mo.	22c. DATE SIGNED 9/4/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery	23d. LOCATION (City, town, or county) Polk, Mo.
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24. FUNERAL DIRECTOR Erwin & Blue Funeral Home	ADDRESS Bolivar, Mo.	25. DATE RECD. BY LOCAL REG. 9-9-57	26. REGISTRAR'S SIGNATURE Edith Williamson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, Content, etc. must use only standard nomenclature in item 18. No symptoms with De stated. All diseases in Part I must be causally related.

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 *Marshall C. Black*

Licensed Embalmer No. *4713*
P. O. Address *Bolivar, N.J.*

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.