

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41082
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carrollton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Susans Nursing home			Length of stay in 1b 1 Yr.		d. STREET ADDRESS 219 South Folger		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Isadore Zellers				4. DATE OF DEATH Month Day Year Nov. 3, 1957									
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 18, 1897		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months Days Hours Mins. 1 15					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical			10b. KIND OF BUSINESS OR INDUSTRY Township Collector.		11. BIRTHPLACE (City and state or country) (Carrollton Mo.)		12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME Isadore Zellers				14. MOTHER'S MAIDEN NAME Mary Dietzsch									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Lillian Gormah (Carrollton Mo.) Address									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism. DUE TO (b) Chr. arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH					
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.) 332X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Carrollton		COUNTY STATE				
21. I attended the deceased from June 2, 1956 to Nov 3, 1957 and last saw him alive on Oct 30, 1957. Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.								22a. SIGNATURE (Degree or title) Marshall F. Home, M.D.		22b. ADDRESS Chillicothe Mo		22c. DATE SIGNED 11/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 5, 1957		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) Carrollton		STATE Mo.					
24. FUNERAL DIRECTOR ADDRESS Marshall F. Home (Carrollton Mo.)				25. DATE RECD. BY LOCAL REG. 11-6-57		26. REGISTRAR'S SIGNATURE Frances B Reall							

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *R. M. Marshall*

Licensed Embalmer No. *250*

P. O. Address *Carroll*

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.