

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41432

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Sebelia</u>	c. LENGTH OF STAY (in this place) <u>1 yr</u>	c. CITY OR TOWN <u>Atterville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sebelia Rest Home</u>		10. STREET ADDRESS (If rural, give location) <u>3 miles NW of Atterville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHARINA-CHRISTINA</u> b. (Middle) <u>ZUMSTEG</u> c. (Last) <u>ZUMSTEG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1957</u>		
5. SEX <u>Fe</u>	6. COLOR OF FACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 2, 1869</u>	9. AGE (In years) (Month) (Day) <u>88</u>	IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Florence, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frederick Kitzert</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kadenbach</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Zumsteg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Zumsteg, Atterville, Mo</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Sclerosis</u>		
	DUE TO (c) <u>General Arteriosclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic hypertension, renal insufficiency, infarctus of old age.</u>			several years many years years - standing
19a. DATE OF OPERATION <u>same</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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 6/11, 1957 to 12/31, 1957, that I last saw the deceased alive on 12/31, 1957, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.V. Benton</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Atterville, Mo.</u>	23c. DATE SIGNED <u>12/3/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 5, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Ceme</u>
24d. LOCATION (City, town, or county) (State) <u>Florence, Mo</u>		

DATE REC'D BY LOCAL REG. <u>12-4-57</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby Hays</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Painter</u> ADDRESS <u>Atterville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

541

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 *Robert L. Painter*

Licensed Embalmer No. *406*

P. O. Address *Pilot Ground*

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.