

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008707
STATE FILE NUMBER

FILED APR 3 1958

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

71

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico Mo			c. CITY OR TOWN New Florence Mo		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home T5 Mo			d. STREET ADDRESS (If outside, give location) none		
3. NAME OF DECEASED (Type or print) First Jessie Middle Blanche Last Zweifel			4. DATE OF DEATH Month 3 Day 27 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 3-29-1879	9. AGE (In years) 78 IF UNDER 1 YEAR Months 7 Days 18 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Americus Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Cornelius Noell		13b. MOTHER'S MAIDEN NAME Elva Snethen		14. NAME OF HUSBAND OR WIFE John Zweifel	
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. no		17. INFORMANT Address Virgil Zweifel-New Florence 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) Carcinoma of bladder DUE TO (b) no DUE TO (c) no PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 1810					INTERVAL BETWEEN ONSET AND DEATH 1 year
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 Month, Day, Year a.m. p.m. 					
20d. INJURY OCCURRED WHILE AT ☐ 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 Dec 8 1957 to March 27 and last saw her alive on March 26 1958 Death occurred at March 27 1958 10a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C L Garcia M.D. (Degree or title)			22b. ADDRESS Mexico Mo		22c. DATE SIGNED 3-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-30-1958	23c. NAME OF CEMETERY OR CREMATORY New Florence Cemetery		23d. LOCATION (City, town, or county) (State) New Florence Mo
24. FUNERAL DIRECTOR C L Hopkins		ADDRESS MONTGOMERY CITY MO		25. DATE RECD. BY LOCAL REG. MAR 30 58	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard form. 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, ~~on~~ on the 27 th day of March 1958, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *G. W. Hopkins*
G. W. Hopkins

Licensed Embalmer No. I487
P. O. Address Montgomery City

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.