

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008841
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischel Can. H.</u>		Length of stay in lb <u>29 days</u>	d. STREET ADDRESS (If outside, give location) <u>Thilo Bldg. Hitt-Broad</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Raymond</u> Last <u>Zumwalt</u>			4. DATE OF DEATH Month <u>4</u> Day <u>3</u> Year <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 28, 1902</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u> Hours <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ashland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>
13a. FATHER'S NAME <u>Robert Zumwalt</u>		13b. MOTHER'S MAIDEN NAME <u>Winifred Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Not Married</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>None given</u>	17. INFORMANT <u>Hospital Records - Columbia, Missouri</u> 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) <u>Rupture of aorta due to operative injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Epithelioid Carcinoma of the esophagus</u>		<u>6 mo</u>
	DUE TO (c) <u>150X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) <u>1</u>
20c. TIME OF INJURY Hour <u>10</u> Month, Day, Year <u>3-5-58</u> a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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 <u>Columbia</u>	COUNTY <u>Boone</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>3-5-58</u> to <u>4-3-58</u> and last saw <u>him</u> alive on <u>4-3-58</u> Death occurred at <u>7:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Richard E. Johnson, M.D.</u> (Degree or title)	22b. ADDRESS <u>Columbia, Mo</u>	22c. DATE SIGNED <u>4-4-58</u>
---	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/5/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>	23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo</u>
--	----------------------------	---	--

24. FUNERAL DIRECTOR <u>James Sprinkle</u> ADDRESS <u>Columbia, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 5 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lyman H. Spindle*

Licensed Embalmer No. *4013*
P. O. Address *Columbia, S.C.*

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.