

t. Health,  
& Welfare  
b. Public  
h Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029620

STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 211

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1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
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 Chillicothe 0592
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 504 Graves St.		Length of stay in 1b 43 yrs.	d. STREET ADDRESS (If outside, give location) 504 Graves Street
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM CARL ZWEIFEL			4. DATE OF DEATH Month Day Year August 28, 1958
5. SEX Male 0	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11 April 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Tender		10b. KIND OF BUSINESS OR INDUSTRY Municipal Util.	9. AGE (In years last birthday) 64
11. BIRTHPLACE (City and state or country) Triplett, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Zweifel		13b. MOTHER'S MAIDEN NAME Erma Marie Gasau	14. NAME OF HUSBAND OR WIFE Mildred V. Singleton
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. 490-10-4454	17. INFORMANT Address 304 Graves St. Mrs. W. C. Zweifel; Chillicothe, 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) <u>Obstructive jaundice</u> DUE TO (b) <u>tumor of common bile duct</u> DUE TO (c) <u>230X</u> 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 2 yrs 2 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		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 COUNTY STATE
21. I attended the deceased from <u>Aug 1957</u> to <u>Aug 28 1958</u> and last saw her alive on <u>Aug 27, 1958</u> Death occurred at <u>ten thirty</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED 8/29/58
22a. SIGNATURE (Degree or title) Thomas L. Milazzo D.		22b. ADDRESS Chillicothe, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-31-58	23c. NAME OF CEMETERY OR CREMATORY Arkadelphia	23d. LOCATION (City, town, or county) (State) Carroll Co., Missouri
24. FUNERAL DIRECTOR Norman Funeral Home; Chillicothe,		25. DATE RECD. BY LOCAL REG. Aug 28 58	26. REGISTRAR'S SIGNATURE Francis B Neill

APR 8 1958

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 *Elton E. Haman* .....

Licensed Embalmer No. *4036* .....  
P. O. Address *Chillicothe* .....

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.