

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039083

STATE FILE NUMBER

FILED NOV 21 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 643

300
-57

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pomona		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) Route 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle W. Last Zeek			4. DATE OF DEATH Month 11 Day 4 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1915	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Orph Zeek		13b. MOTHER'S MAIDEN NAME Ada Williams		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Address Mrs. Ada Zeek, Pomona, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Fracture of Skull DUE TO (b) Automobile accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Skull & internal organ accts. automobile accident					INTERVAL BETWEEN ONSET AND DEATH 11-2-58
20a. ACCIDENT <input checked="" 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.) Fracture Skull & internal organ accts. automobile accident			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		11-2-58, about 1 a.m. 103			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hayden Co.	20f. CITY, TOWN, OR LOCATION Knox Dudley mo, Stoddard, mo	COUNTY	STATE
21. I attended the deceased from 11-2-58 to 11-3-58 and last saw her/him alive on 11-2-58 Death occurred at about 3 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Sam S. Davis (Degree or title) M. D.			22b. ADDRESS Poplar Bluff, Missouri		22c. DATE SIGNED 11-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11-4-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		23d. LOCATION (City, town, or county) (State) Howell County, Mo.	
24. FUNERAL DIRECTOR Robertson Funeral Home ADDRESS West Plains, Missouri		25. DATE RECD. BY LOCAL REG. 11/15/58		26. REGISTRAR'S SIGNATURE R. M. ...	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 8 1958

JAN 7 1959

FILE NO.

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 *Ray Adams*
Licensed Embalmer No. *4928*
P. O. Address *Highland Blvd*

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.