

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000038

FILED JAN 19 1959		Registration District No. 1	Primary Registration District No. 3000	Registrar's No. 10
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY ADAIR		a. STATE Missouri b. COUNTY ADAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BRASHEAR	0010 0 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KIRKSVILLE NURSING #1		Length of stay in 1b 16 DAYS	d. STREET ADDRESS 1 mi S.E.	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		First Gussie	Middle E	Last ZENTZ
4. DATE OF DEATH		Month 1	Day 10	Year 1959
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 28, 1886	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME (FARM)	11. BIRTHPLACE (City and state or country) MACON COUNTY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY SHREAR		14. MOTHER'S MAIDEN NAME BECKY AUSMUS		
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.	17. INFORMANT CHARCENE ZENTZ Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure				hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				
DUE TO (b) Cerebral thromboses				weeks
DUE TO (c) Cerebral arteriosclerosis				unknown
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 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 12:20 a. m. A 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 BRASHEAR COUNTY ADAIR STATE MO.		
21. I attended the deceased from 12-25-58 to JAN 10, 1959 and last saw her alive on Jan 9, 1959 Death occurred at 12:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) George H. Schreier, D.O.		22b. ADDRESS Brashear, Mo.		22c. DATE SIGNED Jan 10, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 11, 1959	23c. NAME OF CEMETERY OR CREMATOR BRASHEAR	23d. LOCATION (City, town, or county) (State) BRASHEAR Mo.	
24. FUNERAL DIRECTOR Kelley Rogers ADDRESS BRASHEAR, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-1959	26. REGISTRAR'S SIGNATURE Doris W. Rathff	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
GEORGE H. SCHREIER, D.O.
MEDICAL CERTIFICATION

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 *Richard B. Kelly*.....
Licensed Embalmer No. *44*

Licensed Embalmer No. *44*

P. O. Address *Elm St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.