

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041233

FILED VS DEC 14 1959

274

Primary Registration District No.

3052

Registrar's No.

393

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY PETTIS				a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Length of stay in 1b		c. CITY OR TOWN SMITHTON		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last WILLIAM ELWOOD ZAHRINGER				Month Day Year December 8, 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/28/1919	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Repair		11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Urban E. Zahringer		13b. MOTHER'S MAIDEN NAME Margaret Solomon		14. NAME OF HUSBAND OR WIFE Nola Phillips Zahringer			
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. None		17. INFORMANT Address Mrs. Nola Zahringer, Smithton, 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) <i>Lymphatic Leukemia, Acute</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 Jan 1957 to Dec 8 1957 and last saw him alive on Dec 8 1957 Death occurred at 2:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>P. J. Seegal MD</i>				22b. ADDRESS Smithton Mo.		22c. DATE SIGNED 12/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 10, 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) Sedalia, Missouri	
24. FUNERAL DIRECTOR <i>Francis Shreeley</i>				25. DATE RECD. BY LOCAL REG. 12-10-1959		26. REGISTRAR'S SIGNATURE <i>Frances Shreeley</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1959

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.