MI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

-60-025779

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. ~~5077~~ 5096 Registrar's No. 101

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside city limits, give TOWNSHIP only): ~~Charlott Twp.~~ Mt. Pleasant
Length of stay in 1b: 7 wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION: Pine Tree Rest Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN: Rich Hill
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 302 West Park Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PEARL Middle VEN Last ZELLERS
4. DATE OF DEATH: Month August Day 4 Year 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/1/75
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months 6 Days 3
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Matton, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Benjamin Smith
13b. MOTHER'S MAIDEN NAME: Manervia Dallas
14. NAME OF HUSBAND OR WIFE: Clark Zellers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Ruby Reeves
Address: Rich Hill, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic myocarditis	5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	failure – Chr. Asthma	5 yrs.
DUE TO (c)	Chronic Interstitial nephritis	1 yr.

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 April 7, 1960, to Aug. 4 1960 and last saw her alive on Aug. 3, 1960
Death occurred at 2 A.M. — m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carter N. Butler MD
22b. ADDRESS: Butler, Mo
22c. DATE SIGNED: 8/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/6/60
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Rich Hill, Missouri

24. FUNERAL DIRECTOR ADDRESS: Booth Funeral Serv/Rich Hill, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 9-1960
26. REGISTRAR'S SIGNATURE: Kendall Kinney

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John G Underwo

Licensed Embalmer No. 35

P. O. Address Butle

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