

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-027811

Registration District No. 273 Primary Registration District No. 3031 Registrar's No. 89 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>Perryville</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry Co. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Perry Co. Mem. Hosp.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Joseph</u> Last <u>Zoellner</u>			4. DATE OF DEATH Month <u>7</u> Day <u>13</u> Year <u>60</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-12-60</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> Hours <u>3</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Perryville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Gerald Zoellner</u>		13b. MOTHER'S MAIDEN NAME <u>Faye Turlin</u>	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Gerald Zoellner, Perryville, Mo.</u>	
-----------------------------	--	---	--	-------------------------	--	--	--

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) <u>Anoxia</u>			<u>4 hrs</u>
DUE TO (b) <u>Relational Abductor</u>			<u>4 3/4 hrs</u>
DUE TO (c) <u>Pneumonia, 3 3 months gestation</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown

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 <u>4:30</u> a.m. <u>PM</u> Month, Day, Year			

20d. INJURY OCCURRED 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>July 12, 1960</u> to <u>July 13, 1960</u> and last saw him alive on <u>July 13, 1960</u> . Death occurred at <u>4:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>O. A. Carron MD</u> (Degree or title)	22b. ADDRESS <u>Perryville Mo</u>	22c. DATE SIGNED <u>7-15-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cer.</u>	23d. LOCATION (City, town, or county) <u>Perryville, Mo.</u>	(State)

24. FUNERAL DIRECTOR <u>Young & Son Perryville Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-15-60</u>	26. REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u>
--	---------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Edward J. [Signature]*

Licensed Embalmer No. 213

P. O. Address *Permyre*

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