

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000834

FILED VS FEB 8 1961

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Pacific</u>			Length of stay in 1b		c. CITY OR TOWN <u>Pacific</u>		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>Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Pacific</u>				
3. NAME OF DECEASED (Type or print) First <u>Adelheid</u> Middle <u>Louise</u> Last <u>Zitzman</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>3</u> Year <u>1961</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>				
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 11. 1883</u>		9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Berger Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>George Zeilman</u>			13b. MOTHER'S MAIDEN NAME <u>Susana Haid</u>			14. NAME OF HUSBAND OR WIFE <u>Edw. Zitzman (deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mildred Anderson</u> Address <u>Pacific Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart failure.</u> DUE TO (b) <u>arteriosclerotic heart disease.</u> DUE TO (c) <u>cardiac disease.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Red & white thrombosed coronary arteries.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. 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 COUNTY STATE				
21. I attended the deceased from <u>May 10 - 1959</u> and last saw her alive on <u>febr. 3 - 1961</u> Death occurred at <u>5:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>[Signature]</u> (Degree of title) <u>MD</u>				22b. ADDRESS <u>Pacific Mo.</u>		22c. DATE SIGNED <u>2-3-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>2-6-61</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Pacific Mo</u>				
24. FUNERAL DIRECTOR <u>Mrs. John P. Thede</u> ADDRESS <u>Pacific Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Feb. 4 - 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mary B. Knauer</u>				

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 TYPEWRITER RIBBON

FEB 9 1961

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union Mo.

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.