

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004680

042

1000

218

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED VS MAR 6 1961

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph, Missouri

Length of stay in 1b

6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Missouri Methodist Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Doniphan

c. CITY
OR TOWN

severance, Kansas

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ANNA

ZELTNER

4. DATE
OF DEATH

Month

Day

Year

February

23,

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/1/1874

9. AGE (last birthday)

86

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

House Wife

11. BIRTHPLACE (City and state or country)

Amazonia, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Kobatich

13b. MOTHER'S MAIDEN NAME

Anna Unknown

14. NAME OF HUSBAND OR WIFE

August Zeltner

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.

No

17. INFORMANT

Address

Mr. Leo Zeltner Severance, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

6 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Nephritis.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. 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

Feb. 17, 1961

to Feb. 23, 1961

and last saw her

Feb. 22, 1961

Death occurred at 3:20 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Allen J. Herman

M.D.

22b. ADDRESS

706 Francis St. Joseph, Mo.

22c. DATE SIGNED

2-24-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2/23/1961

23c. NAME OF CEMETERY OR CREMATORY

St. Benedicts Cemetery

23d. LOCATION (City, town, or county)

Bendina, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hester Brown St. Joseph, Missouri

25. DATE RECD. BY LOCAL REG.

Feb. 28, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Charles Handell

(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 by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph, 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.