

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007929

FILED VS MAR 13 1961

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 91

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Length of stay in 1b 3 WKS.		c. CITY OR TOWN ORAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTHEAST MISSOURI HOSP.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ---	
3. NAME OF DECEASED (Type or print) First GEORGE Middle ALBERT Last ZAHNER						4. DATE OF DEATH Month FEB. Day 23 Year 1961	
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAY 9, 1865	
9. AGE (last birthday) 95		IF UNDER 1 YEAR Months 9 Days 14		IF UNDER 24 HR Hours --- Min. ---		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER (RET)	
10b. KIND OF BUSINESS OR INDUSTRY GEN. CONSTRUCTION		11. BIRTHPLACE (City and state or country) (NEAR) PERRYVILLE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME GEORGE ZAHNER			13b. MOTHER'S MAIDEN NAME ELIZABETH MOSLEY			14. NAME OF HUSBAND OR WIFE JANE ZAHNER	
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 MRS. BLANCHE FEUCHT - ORAN, 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) Congestive heart failure							INTERVAL BETWEEN ONSET AND DEATH week
DUE TO (b) Coronary arteriosclerosis							
DUE TO (c) ---							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Chronic renal dysfunction due to peripheral arteriosclerosis & general debility							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 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 --- a.m. --- p.m.		Month, Day, Year					
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 1-3-61 to 23 Feb 61 and last saw him alive on that day				Death occurred at 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jean A. Chapman M.D. (Degree or title)				22b. ADDRESS 1902 Broadway, No. 3		22c. DATE SIGNED 3/3/61	
23a. BURIAL, CREMATION, REMOVAL (specify) BURIAL		23b. DATE FEB. 25, 1961		23c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETERY		23d. CITY, TOWN, OR COUNTY (State) ORAN, MISSOURI	
24. FUNERAL DIRECTOR DISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.				25. DATE RECD. BY LOCAL REG. 3-6-1961		26. REGISTRAR'S SIGNATURE Irene Kasten	

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.