

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008161

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 26 Primary Registration District No. 4149 Registrar's No. 5-1961 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED MAR 23 1961

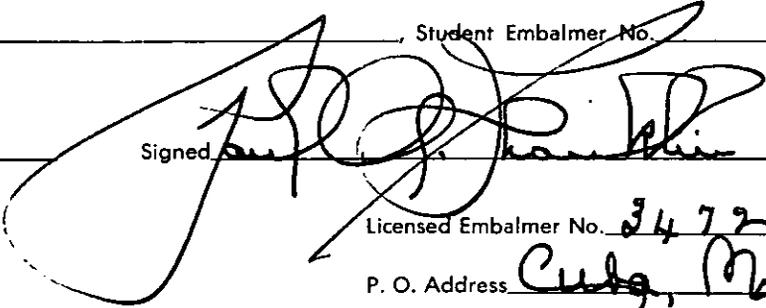
| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba</u> | | c. CITY OR TOWN <u>Cuba</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u> | | d. STREET ADDRESS (If outside, give location) <u>301 East Washington Ave</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>"Allie"</u> Last <u>Zensky</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1961</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>11-6-1876</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) <u>Cuba, Missouri</u> |
| 13a. FATHER'S NAME <u>August Zensky</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catoline Weigle</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> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | 17. INFORMANT <u>Miss. HENA ZENSKY, Cuba, Mo.</u> | |
| IMMEDIATE CAUSE (a) <u>Heart Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> | |
| DUE TO (b) <u>Acute Myo Cardial Infarction</u> | | <u>Minutes</u> | |
| DUE TO (c) <u>Arteriosclerotic Heart Disease</u> | | <u>years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive Failure compensated</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 _____ 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 <u>23 Mar 61</u> to <u>20 April 61</u> and last saw her alive on <u>7 March 61</u> Death occurred at <u>9:15 am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Paul A. Hamilton</u> (Degree or title) | | 22b. ADDRESS <u>London, Mo.</u> | 22c. DATE SIGNED <u>21 March 61</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-23-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Paul A. Hamilton, Cuba, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>March 21, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Paul A. Hamilton</u> |

MAR 23 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  _____

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.