SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022084
STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 76

FILED JUL 12 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Perryville
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Perry Co. Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Perry
c. CITY OR TOWN: Perryville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Toby Middle Lee Last Zoellner
4. DATE OF DEATH: Month 6 Day 15 Year 61
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-14-61
9. AGE (last birthday) IF UNDER 1 YEAR: Months Days 1 IF UNDER 24 HR: Hours Min.
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): Perryville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gerald Zoellner
13b. MOTHER'S MAIDEN NAME: Faye Turlin
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gerald Zoellner, Address: Perryville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hyaline Membrane Disease — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Premature Infant — 26 hours
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. 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 6/12/61, to 6/15/61 and last saw him alive on 6/15/61
Death occurred at 8 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. E. McDermott (Degree or title) MD.
22b. ADDRESS: Perryville, Mo
22c. DATE SIGNED: 6/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-16-61
23c. NAME OF CEMETERY OR CREMATORY: St. Boniface Cem.
23d. LOCATION (City, town, or county) (State): Perryville, Mo.
24. FUNERAL DIRECTOR: Young & Sons ADDRESS: Perryville Mo
25. DATE RECD. BY LOCAL REG.: 6-19-61
26. REGISTRAR'S SIGNATURE: Joe J. Zoellner

(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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 2138

P. O. Address Perryville

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