

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-024212**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. **042**

Primary Registration District No. **1000**

Registrar's No. **753**

STATE FILE NUMBER

**FILED JUL 31 1961**

|                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                                                                                                                 |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>                                                                                                                                                                                                                                                                                        |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY                                                       |                                         |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St Joseph,</b>                                                                                                                                                                                                                                                |                                                                                                           | c. CITY OR TOWN <b>Huron</b>                                                                                                                                                    |                                         |
| Length of stay in 1b<br><b>3 mos.</b>                                                                                                                                                                                                                                                                                                 |                                                                                                           | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                       |                                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph, Hospital</b>                                                                                                                                                                                                                            |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><b>Reside on Farm</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                              |                                         |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Rose</b> Middle <b>Zeltner</b> Last <b>Zeltner</b>                                                                                                                                                                                                                                    |                                                                                                           | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>22</b> Year <b>1961</b>                                                                                                            |                                         |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                               | 6. COLOR OR RACE<br><b>White</b>                                                                          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>Feb 18, 1899</b> |
| 9. AGE (last birthday)<br><b>62</b>                                                                                                                                                                                                                                                                                                   |                                                                                                           | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                                                                                                                        |                                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b>                                                                                                                                                                                                                     |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                                                                                                                                |                                         |
| 11. BIRTHPLACE (City and state or country)<br><b>Purcell Kansas</b>                                                                                                                                                                                                                                                                   |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                                    |                                         |
| 13a. FATHER'S NAME<br><b>Anton Scheid</b>                                                                                                                                                                                                                                                                                             |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Hess</b>                                                                                                                                   |                                         |
| 14. NAME OF HUSBAND OR WIFE<br><b>Clarence Zeltner</b>                                                                                                                                                                                                                                                                                |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>no</b> unknown) (If yes, give war or dates of service)                                                                     |                                         |
| 16. SOCIAL SECURITY NO.<br><b>none</b>                                                                                                                                                                                                                                                                                                |                                                                                                           | 17. INFORMANT Address<br><b>Clarence Zelther, Huron Kansas</b>                                                                                                                  |                                         |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>generalized Metastatic CARCINOMA</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma Colon</b><br>DUE TO (c) <b>6 mo.</b> |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 mo.</b>                                                                                                                                |                                         |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                         |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <b>6-15-61</b> to <b>7/23/61</b> and last saw her alive on <b>7-23-61</b><br>Death occurred at <b>7:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                   |                                                                                                           |                                                                                                                                                                                 |                                         |
| 22a. SIGNATURE (Degree or title)<br><b>J.R. Forgrave, M.D.</b>                                                                                                                                                                                                                                                                        |                                                                                                           | 22b. ADDRESS<br><b>420 N. 8th St. Joplin, Mo</b>                                                                                                                                |                                         |
| 22c. DATE SIGNED<br><b>7-24-61</b>                                                                                                                                                                                                                                                                                                    |                                                                                                           | 23a. BIRTH, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                      |                                         |
| 23b. DATE<br><b>7/23/61</b>                                                                                                                                                                                                                                                                                                           |                                                                                                           | 23c. NAME OF CEMETERY OR CREMATORY                                                                                                                                              |                                         |
| 23d. LOCATION (City, town, or county) (State)                                                                                                                                                                                                                                                                                         |                                                                                                           | 24. FINANCIAL DIRECTOR<br><b>John E. Rupp</b>                                                                                                                                   |                                         |
| 25. DATE RECD. BY LOCAL REG.<br><b>July 27, 1961</b>                                                                                                                                                                                                                                                                                  |                                                                                                           | 26. REGISTRAR'S SIGNATURE<br><b>John Clark Handell</b>                                                                                                                          |                                         |
| 27. ADDRESS<br><b>St. Joseph, Mo</b>                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                                                                                                                 |                                         |

(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,

only \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.