

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-026289

STATE FILE NUMBER

AMENDED

Registration District No. 290

Primary Registration District No.

Registrar's No. 96

FILED AUG 15 1961

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fort Leonard Wood, Mo.</u>		c. CITY OR TOWN <u>Fort Leonard Wood</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>US Army Hospital</u>	
3. NAME OF DECEASED (Type or print) First <u>DANIEL</u> Middle <u>RICHARD</u> Last <u>ZELLER</u>		4. DATE OF DEATH Month <u>August</u> Day <u>7</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>6 Aug 1961</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
13a. FATHER'S NAME <u>Donald Carl Zeller</u>		13b. MOTHER'S MAIDEN NAME <u>Judith Lee Linder</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>-</u>	
17. INFORMANT <u>Donald C. Zeller, Waynesville, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Immaturity</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>-</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-</u>		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.) <u>-</u>	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. Month, Day, Year <u>-</u>	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.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>-</u>	
20g. COUNTY <u>-</u>		20h. STATE <u>-</u>	
21. I attended the deceased from <u>August 6, 1961</u> to <u>August 7, 1961</u> and last saw him alive on <u>August 7, 1961</u> Death occurred at <u>2:20 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William T. Repasky</u> (Deputy or title) <u>WILLIAM T. REPASKY, Captain, MC</u>		22b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>	
22c. DATE SIGNED <u>Aug 7, 61</u>		22d. LOCATION (City, town, or county) <u>Fort Leonard Wood, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/10/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Post Cemetery</u>	23d. LOCATION (City, town, or county) <u>Fort Leonard Wood, Missouri</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>Moss-Williams Funeral Homes Waynesville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-8-61</u>	
26. REGISTRAR'S SIGNATURE <u>Carl J. Anderson</u>		27. COUNTY <u>-</u>	

(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 Clarence Amos

Licensed Embalmer No. 4896

P. O. Address Waymire, 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.