

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028554

STATE FILE NUMBER

Registration District No. 48 Primary Registration District No. 5173A Registrar's No. 2

AMENDED

FILED AUG 22 1961

DATE AMENDED
8/25/61

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

Erwin

#3 Erwin

BY AFFIDAVIT OF Inf. DOCUMENT MEDICAL CERTIFICATION

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cedar City</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Cedar City</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ERVIN</u> Middle _____ Last _____ ERVIN <u>WILLIAM ZEUGIN</u> | | | 4. DATE OF DEATH Month _____ Day _____ Year _____ <u>August 13, 1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-31-1896</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Employee M.K.T. Rail Road</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Blufton, Missouri</u> | 9. AGE (last birthday) <u>65</u> |
| 11. BIRTHPLACE (City and state or country) <u>USA</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles Zeugin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Finke</u> | 14. NAME OF HUSBAND OR WIFE <u>Tena Autenrieth Zeugin</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> | | 17. INFORMANT Address <u>Mrs. Tena Zeugin Cedar City, Mo.</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>Cardiac Arrhythmia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arterial stenosis & aortic insufficiency</u> DUE TO (c) <u>Rheumatic Heart Disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>years</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) | | | 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 checked="" 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>7.8.58</u> to <u>death</u> and last saw her/him alive on <u>5.16.61</u> Death occurred at <u>5:49</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John J. Matthews MD</u> | | 22b. ADDRESS <u>302 Bolwin</u> | 22c. DATE SIGNED <u>8/14/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug. 15, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Jefferson City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Oresto Bruescher JCMo</u> | | 25. DATE RECD. BY LOCAL REG. <u>14 August 1961</u> | 26. REGISTRAR'S SIGNATURE <u>R.P. Harris MD - Registrar, Dep.</u> |

(Licensed Embalmer's Statement on Reverse Side)

MS AUG 22 1961 SA

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address gem

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.