MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-005266
12,697
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 3

FILED JAN 16 1962

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washingtown Township — Length of stay in 1b: 10 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital No. 3. — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Robert Middle: -- Last: Zirschkey
4. DATE OF DEATH: Month 1 Day 2 Year 62

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-19-1886
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 2 Days 14 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Baxter County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Daniel Zirschkey
13b. MOTHER'S MAIDEN NAME: Cynthia Carson
14. NAME OF HUSBAND OR WIFE: Sarah Jane Zirschkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records, Address: Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis-Heart Disease - years' duration.
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.): None
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1-5-52, to 1-2-62 and last saw her/him alive on 1-2-62
Death occurred at 6:00 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hilda Murphy M.L.
22b. ADDRESS: State Hospital # 3 Nevada, Mo.
22c. DATE SIGNED: 1/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/3/62
23c. NAME OF CEMETERY OR CREMATORY: Houston Cemetery
23d. LOCATION (City, town, or county) (State): Houston, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Elliott-Duff Funeral Home-Houston, Mo.
25. DATE RECD. BY LOCAL REG.: 1-8-1962
26. REGISTRAR'S SIGNATURE: Anna E. Furry

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

JAN 17 1962

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_____ Signed Percy F. Milster

Signature of Student Embalmer

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.