

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-025975

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 14443

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	
Length of stay in 1b <b>5 days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bates Co. Memorial Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>Route 4</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Edith Hazel</b> Middle <b>Zellmer</b> Last <b>Zellmer</b>			4. DATE OF DEATH Month <b>July</b> Day <b>24</b> , Year <b>1962</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-7-1913</b>
9. AGE (last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>17</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>homemaker</b>	11. BIRTHPLACE (City and state or country) <b>Brumley, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Alonzo Hogue</b>	
13b. MOTHER'S MAIDEN NAME <b>Lulu Cardwell</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. Zellmer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Wm. Zellmer</b>		Address <b>Rt. 4 Butler, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Art. Embolism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immed.</b>
DUE TO (b) <b>Plug of Metastatic Tissue</b>			<b>immed.</b>
DUE TO (c) <b>Fibro Sarcoma Uterus</b>			<b>4 years</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>	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 <b>Butler, Mo.</b>		STATE <b></b>
21. I attended the deceased from <b>about 2 years</b> , to <b></b> , and last saw her <b>alive</b> on <b>July 24, 1962</b> Death occurred at <b>3:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Matthew A. Meyer M.D.</b>		22b. ADDRESS <b>209 No Main St.</b>	22c. DATE SIGNED <b>7-25-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-27-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Butler, Mo.</b>
24. FUNERAL DIRECTOR <b>Quiver-Underwood</b> ADDRESS <b>Butler, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-27-1962</b>	26. REGISTRAR'S SIGNATURE <b>Norma Jean Wilson</b>

**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 John J. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler MD

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.