

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030701

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB.

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1347

FILED SEP 10 1962

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2439 N. Broadway</u>		d. STREET ADDRESS (If outside, give location) <u>2439 N. Broadway</u>	
3. NAME OF DECEASED (Type or print) First <u>Jacob</u> Middle <u>I.</u> Last <u>Zug</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1875</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	10. BIRTHPLACE (City and state or country) <u>Ohio</u>	11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
12a. FATHER'S NAME <u>John Zug</u>		12b. MOTHER'S MAIDEN NAME <u>Catherine Bair</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>None</u>	
15. NAME OF HUSBAND OR WIFE <u>Maud Zug</u>		16. ADDRESS <u>2439 N. Broadway Springfield, Mo.</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic lymphatic leukemia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 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.	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 <u>6-1-61</u> to <u>9-6-62</u> and last saw <u>her</u> alive on <u>9-4-62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. C. Scanlon M.D.</u> (Degree or title)		22b. ADDRESS <u>Springfield, Mo</u>	
22c. DATE SIGNED <u>9-6-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sebetha, Kansas</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Swain Brothers & Sons</u>		25. DATE RECD. BY LOCAL REG. <u>9-7-62</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Meekins</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

6397

8397

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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 John M. Leiser, Student Embalmer No. 4641
working under my personal supervision.

Student John M. Leiser Signed Max W. Sickering
Signature of Student Embalmer

Licensed Embalmer No. 4696

P. O. Address Edwards Bros., Inc.

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.

Permit renewed 9-6-62