

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039940

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 470

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 8 1962

VS 300
Rev. 4/59

1 0940

2 0940

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12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO.: SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Esther MO.</u>		c. CITY OR TOWN <u>Esther Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At HOME</u>		d. STREET ADDRESS (If outside, give location) <u>At HOME</u>	
3. NAME OF DECEASED (Type or print) First <u>NICHOLAS</u> Middle _____ Last <u>ZINK</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>30</u> Year <u>1962</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>JULY 1, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	11. BIRTHPLACE (City and state or country) <u>BISMARCK MO.</u>
13a. FATHER'S NAME <u>SAM ZINK</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY Whitworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) <u>NO.</u>		17. INFORMANT <u>MRS. LAURA ZINK Esther 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>Coronary occlusion</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>10-15 min</u> <u>yes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Left leg amputated 6-8 months ago - due to arterio-sclerosis</u>		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 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 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>July 19 - 1961</u> and last saw her <u>Oct 29 - 1962</u> Death occurred at <u>9:30</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. W. Zuppan DO</u>	
22b. ADDRESS <u>Flat River, MO</u>		22c. DATE SIGNED <u>11/1/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11/1/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC TEM</u>	23d. LOCATION (City, town, or county) (State) <u>Bismarck MO.</u>
24. FUNERAL DIRECTOR <u>R. LAHORELL 1200S FLAT RIVER, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 1, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 14 1962

MAY 2 1963

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

Donald Dale Caldwell

Licensed Embalmer No.

5095

P. O. Address

Flat River, 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.