

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002162

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 17

FILED JAN 30 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON		Length of stay in 1b 23 DAYS	c. CITY OR TOWN SARCOXIE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAIR ACRES REST HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 710 JOPLIN STREET
3. NAME OF DECEASED (Type or print) First ROBERT Middle ZINN Last ZINN		4. DATE OF DEATH Month JANUARY Day 20 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-16-1882
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Mins. _____	IF UNDER 24 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY MARSHALL		10b. KIND OF BUSINESS OR INDUSTRY CITY MARSHALL	11. BIRTHPLACE (City and state or country) BARRY CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM H. ZINN	
13b. MOTHER'S MAIDEN NAME CYNTHIA J. HOOVER		14. NAME OF HUSBAND OR WIFE CLARENCE SCHWARTZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT CLARENCE SCHWARTZ		Address SARCOXIE, MO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 72 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis			
DUE TO (c) _____			
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 _____ s.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 June 1962 to 1-20-63 and last saw ^{her} him alive on 1/19/63 Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) MD.	22b. ADDRESS SARCOXIE, MISSOURI
22c. DATE SIGNED 1-22-63			
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-23-63	23c. NAME OF CEMETERY OR CREMATORY SARCOXIE, CEMETERY	23d. LOCATION (City, town, or county) (State) SARCOXIE, MISSOURI
24. FUNERAL DIRECTOR ULMER-MOSS FUNERAL HOME, SARCOXIE, MO.		ADDRESS 1-22-63	25. DATE RECD. BY LOCAL REG. 1-22-63
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

FEB 21 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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.