

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027862

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 134

FILED JUL 31 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Franklin</u>		a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Robertsville</u>		Length of stay in 1b _____	c. CITY OR TOWN _____
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) _____
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>George</u>	Middle <u>B.</u>	Last <u>Zumwalt</u>	Month <u>July</u> Day <u>21</u> Year <u>1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 18 1896</u>
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage owner.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired.</u>	11. BIRTHPLACE (City and state or country) <u>Robertsville Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>David L. Zumwalt</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Bay</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Bertie Zumwalt</u>		Address <u>Robertsville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>			<u>3 mos.</u>
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) <u>Carcinoma of Prostate</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 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.	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>Apr 29, 1963</u> to <u>July 21, 1963</u> and last saw her/him alive on <u>July 10, 1963</u> Death occurred at _____ o'clock _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard A. Lower MD</u>		22b. ADDRESS <u>3720 Washington</u>	22c. DATE SIGNED <u>7-24-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>July 24, 1963</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh</u>	23d. LOCATION (City, town, or county) <u>Robertsville Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. John L. Keeble</u>		ADDRESS <u>Cape Girardeau Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 24 - 1963</u>
		26. REGISTRAR'S SIGNATURE <u>Mary B. Green</u>	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1963

AUG 1 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 Rolph Altman

Licensed Embalmer No. 4808

P. O. Address Union, 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.