

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0028253

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 211

VS 300  
Rev. 4/591 0425  
2 0425

3

4 0

5 1

6

7 1

8 2

9 1777X

10

11

12 1-0

13 1-0

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

FILED JUL 22 1966

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clinton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Clinton General Hosp.

Inside Limits

Yes  No 

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Henry

admission)

c. CITY  
OR  
TOWN

Clinton

Inside Limits  
Yes  No d. STREET  
ADDRESS

(If outside, give location)

1307 Shadwell

Reside on Farm  
Yes  No 3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Cecil

Howard

Zink

4. SEX

Male

6. COLOR OR RACE

White

7. Married Never Married Widowed Divorced 

8. DATE OF BIRTH

4/6/1892

9. AGE (last birthday)

74

10. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Retired Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Yates Center, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John S. Zink

13b. MOTHER'S MAIDEN NAME

Frances Bashor

14. NAME OF HUSBAND OR WIFE

Goldie Zink

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

442 07 6306

17. INFORMANT

1307 Shadwell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatitis Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

3 days.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Carcinoma Prostatis with Metastasis 4 months

DUE TO (c)

to right lung, 7th rib + 7th dorsal Vertebrae

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.

 Yes  No  Unknown19. WAS AUTOPSY  
PERFORMED?  
YES  NO 20a. ACCIDENT  SUICIDE  HOMICIDE 

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   
NOT WHILE AT WORK 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 20, 1966, to July 19, 1966 and last saw him alive on 7/19/66

Death occurred at

4:45 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

Burial

July 21, 1966

Englewood Cemetery

22b. ADDRESS

22c. DATE SIGNED

Clinton, Missouri

7/21/66

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Vansant Funeral Home, Clinton, Mo.

July 21-1966

Mildred Bigum

Aug 4 1966

Permit Obtained 7-20-1966

REC

**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

*J. D. Vassant*

Licensed Embalmer No. 3779  
P. O. Address Clinton, 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.