

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4594

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Tebo</u>	
c. LENGTH OF STAY (in this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 2 Calhoun</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>DANZ</u> c. (Last) <u>ZOLLICKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 17, 1863</u>		9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Beaufort, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Carl Danz</u>		13b. MOTHER'S MAIDEN NAME <u>Marrie Embe</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Zollicker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edd Zollicker, Calhoun, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Arterial Sclerosis</u>	
DUE TO (c) <u>Age</u>		II. OTHER SIGNIFICANT CONDITIONS				331X	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
19c. DATE SIGNED <u>2-10-51</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 10, 1940, to Feb 10, 1951, that I last saw the deceased alive on Feb 10, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. Beckwith, M.D.</u>		23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>2-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	
24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Faxon-Turner Windsor Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 12 51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-19-51

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 \_\_\_\_\_  
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thunders, 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 this body is not embalmed, fact should be so stated above.