

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0005744

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

82

Primary Registration District No.

3017

Registrar's No.

3

MRF 11ED02 64

VS 300
Rev. 4/59

1 0275

2 0275

3

4 0

5 1

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12 1-0

13 1-0

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 Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		c. CITY OR TOWN Boonville	
Length of stay in 1b 41 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 1112 1/2 Hickam	
3. NAME OF DECEASED (Type or print) First FRANK Middle S. Last ZOELLER		4. DATE OF DEATH Month February Day 24 Year 1964	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/93
9. AGE (last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	
11. BIRTHPLACE (City and state or country) Pilot Grove, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Zoeller		13b. MOTHER'S MAIDEN NAME Teresa Stoecklein	
14. NAME OF HUSBAND OR WIFE Olivia M. Klein		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	
16. SOCIAL SECURITY NO. 496-01-1158		17. INFORMANT Mrs Frank Zoeller Boonville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arterio-Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes		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 12-22-63 to 2-24-64 and last saw him alive on 2-24-64 Death occurred at 10:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE TC Beckett MD		22b. ADDRESS Boonville Mo	
22c. DATE SIGNED 2-25-64			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 27/64	23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	
23d. LOCATION (City, town, or county) Boonville, Missouri		23e. DATE RECD. BY LOCAL REG. 2/25/64	
24. FUNERAL DIRECTOR B. W. Thacher Boonville, Mo.		26. REGISTRAR'S SIGNATURE DB Hooper	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

1212100

1212100

MAR 3 1961

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

Berry W. Kachin

Licensed Embalmer No. 3944

P. O. Address Bonville, 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.