

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0023702

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 194

FILED JUL 11 1966

VS 300
Rev. 4/59

1 0425
2 0070
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5 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 1 day	c. CITY OR TOWN Archie
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 2
3. NAME OF DECEASED (Type or print) First JAMES Middle ALPHA Last ZELLERS			4. DATE OF DEATH Month July Day 2 Year 1966
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 4/15/1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (last birthday) 72
11a. FATHER'S NAME Michael Zellers		11b. BIRTHPLACE (City and state or country) Texas Co. Missouri	
13a. FATHER'S NAME Michael Zellers		13b. MOTHER'S MAIDEN NAME Allie Rhodes	
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. 495 42 5288	
17. INFORMANT Address Mrs Mary Zellers Rt 2 Archie, 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) Metastatic prostatic carcinoma DUE TO (b) Prostatic carcinoma DUE TO (c) Primary Squamous Cell Carcinoma of tongue			INTERVAL BETWEEN ONSET AND DEATH 1 year 1 year
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 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 4/2/65 to 7/2/66 and last saw her/him alive on 7/2/66 Death occurred at 11:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James C. Clow</i>		22b. ADDRESS 105 E. 4th Pl. Archie, Mo	
22c. DATE SIGNED 7/5/66			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/6/66	23c. NAME OF CEMETERY OR CREMATORY Norris Cemetery	23d. LOCATION (City, town, or county) (State) Henry County, Missouri
24. FUNERAL DIRECTOR Atkinson Dickey Archie, Missouri		25. DATE RECD. BY LOCAL REG. July 5, 1966	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

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 Robert W. Johnson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.

Permit obtained 7-5-66 (115)