

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0018160

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registrar District No.

Primary Registration District No.

Registrar's No.

3016 218  
FILED MAY 22 1967VS 300  
Rev. 4/59

1 0269

2 0269

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4 0

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12 90-3

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DATE AMENDED

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 <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>228 E. State Street</u>		d. STREET ADDRESS (If outside, give location) <u>228 E. State Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>G. (i.o.)</u> Last <u>Zehender</u>		4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1967</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-3-1918</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bartender</u>		11. BIRTHPLACE (City and state or country) <u>Cole County, Missouri</u>	
13a. FATHER'S NAME <u>Edward Zehender</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes World War #11</u>		17. INFORMANT Address <u>Mrs. Price Shikles, Jefferson City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to have died of natural cancer - subject was found dead in bathroom in annex section of Majestic Hotel.</u> DUE TO (b) <u>Body was in slumped over sitting position</u> DUE TO (c) <u>Body was in slumped over sitting position</u> 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 checked="" 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 _____, to _____ and last saw her/him alive on _____ Death occurred at <u>7:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Stanley C. Chamberlain, (acting embalmer)</u>		22b. ADDRESS <u>2514 Old St. Louis Rd. Jefferson City, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>		23c. NAME OF CEMETERY OR CREMATOR <u>National Cemetery</u>	
23b. DATE <u>5-19-1967</u>		23d. LOCATION (city, town, or county) (State) <u>Jefferson City Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Tanner Funeral Home, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-19-67</u>	
26. REGISTRAR'S SIGNATURE <u>Norma Miller</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Ron Marshall, Jr.

Licensed Embalmer No. 4469

P. O. Address Jefferson City, 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.