

CERTIFICATE OF DEATH

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 154

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <b>Charles Augustin Zurn</b>		2. <b>male</b>	3. <b>March 19, 1969</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <b>White</b>	5a. <b>68</b>	5b.	5c.	6. <b>Mar 8, 1901</b>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. <b>Sedalia</b>		7b. <b>Bothwell hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. <b>Pennsylvania</b>		9. <b>USA</b>		10. <b>married</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
11. <b>41-20-5062</b>		12. <b>Plumber</b>		13. <b>City inspector</b>
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
14a. <b>Mo.</b>	14b. <b>Henry</b>	14c. <b>Windsor</b>		14d. <b>610 E. Benton</b>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. <b>William Zurn</b>		16. <b>Sarah Hileman</b>		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <b>Mrs Rose Ann Zurn</b>		17b. <b>610 E. Benton - Windsor, Mo. 65360</b>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <b>Arteriosclerotic Heart Disease</b>				<b>3 months</b>
DUE TO, OR AS A CONSEQUENCE OF:				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST				
(b) DUE TO, OR AS A CONSEQUENCE OF:				
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. <b>No</b>
				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	1 STREET OR R.F.D. NO., CITY OR TOWN, STATE	
20e.	20f.	20g.	20h.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/COULD NOT VIEW THE BODY AFTER DEATH 21d. <b>did</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <b>March 17, 1969</b>	21b. <b>March 19, 1969</b>	21c. <b>March 19, 1969</b>	21d.	21e. <b>8:45 P.M.</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22a.				22b.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE
23a. <b>T. S. HOPKINS, M.D.</b>		23b. <b>T. S. Hopkins, M.D.</b>		23c. <b>3-24-69</b>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
24a. <b>1609 S. First, Sedalia</b>		24b. <b>Mo. 65301</b>		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN STATE
25a. <b>Burial</b>	25b. <b>Laurel Oak</b>		25c. <b>Windsor, Mo. 65360</b>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
26. <b>Mar 23, 1969</b>	26a. <b>Huston-Hadley Funeral Home, Windsor, Mo 65360</b>			
FUNERAL DIRECTOR'S SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
27. <b>Robert L. Hadley</b>	27b. <b>Francis Shelby by Ruth Cole</b>		27c. <b>Mar 25, 1969</b>	

DO NOT WRITE ON THIS STUB

9. **0**

10a. **68**

10b.

11. **1**

12. **1**

13. **4/123**

14.

15. **4**

16.

17.

18. **0**

19. CREDITS

20. **1-0**

VS 300  
Rev. 1/68

4. **0808**

5. **01**

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION; GIVE RESIDENCE BEFORE ADMISSION.

6. **0421**

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

APR 4 1969

2001 1 9 7 1 14

APR 2 1969

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. Halley

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.