

FILED MAY 19 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69 0019977

CERTIFICATE OF DEATH

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 146DO NOT WRITE
ON THIS STUB

9. 0
10a. 86
10b. 5. 86
11. 1
12. 2
13. 4319
14. 6.0420
15. 9
16. 2
17. 2
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0420

PARENTS

CAUSE

CERTIFIER

BURIAL

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

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. George Clayton Zellers					2. Male	3. May 9, 1969			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH		
4. White		5a. 86	5b. 1	5c. 15	6. March 24, 1883		7a. Henry		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. Clinton		7c. Yes		7d. Jolley's Nursing Home					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Kansas		9. USA		10. Widowed		11.			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
12. 496 05 1020		13a. Retired Farmer		13b.					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		
14a. Missouri		14b. Henry	14c. Urich		14d. No.		14. Rt. # 1,		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST		
15. Michael Zellers					16. Alwilda Ellen Rhodes				
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Mrs. J. E. Morgan		17b. Rt. 1, Urich, Missouri 64788							
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) cerebral hemorrhage					1 hour		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) CVA.					9 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19. dehydration - immobility							19a.	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.	M. 20d.						
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)							
20e.	20f.	20g.							
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	June	1958	21b. May 9 69	21c. May 7 69	21d. Did not	21e. 11:35 PM			
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.	HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		YEAR			HOUR	
22a.	M. 22b.		M. 22c.						
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. R. Powell DO	23b. [Signature]		23c. Powell DO		23d. May 12-69				
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP				
23a.	23b.		23c.		23d.				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE				
24a. Burial	24b. Norris Cemetery		24c. Urich, Mo. Rt. 1,						
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
24d. May 12, 1969	25a. Vansant Funeral Home 314 W. Jefferson St. Clinton, Mo. 64735								
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25b. J. J. Vansant	25c. [Signature]		25d. May 12, 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 W.A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 5-12-69

W.A.