

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40731  
State File No. \_\_\_\_\_  
Registrar's No. 162

FILED DEC 27 1948  
Registration District No. 787

Primary Registration District No. 5698

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Livingston  
(b) City or town Rural Sampsel Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 mile Southwest of Sampsel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 77 years.  
years, months or days)

3. (a) PRINT FULL NAME Barbara Gertrude Zullig  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John J. Zullig 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased April 1 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 8 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sampsel, Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)?

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Peter T. Troeger

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hoerath

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Zullig

(b) Address Sampsel, Missouri

17. (a) Burial (b) Date thereof 12-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Dec 13/48 (b) Francis A Neill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Livingston  
(c) City or town Sampsel Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile southwest of Sampsel  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12  
year 1948 hour \_\_\_\_\_ minute 20 M.

21. I hereby certify that I attended the deceased from  
June 1947 to Dec 12 1948  
that I last saw her alive on Dec 12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Unemia Duration 3 day

Due to Hypertension 20 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 137  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Joseph Canard (M. D. or other) M.D.

Address Chillicothe Mo. Date signed Dec 13-48

EXAM 8

1957

AUG 7 1952

REC-21 1951

EXAM 21 1951

EXAM 1 1951

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ethan J. Rouman.....

Licensed Embalmer No.....4036.....

P. O. Address Chillicothe, Missouri.....

**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 this body is not embalmed, fact should be so stated above.**