No. 300
10-48

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FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9284

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 4331 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Moniteau Linn Twp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXXXXXXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Zahler

4. DATE OF DEATH (Month) (Day) (Year): Apr 3 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 31-1880
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 5 Days 3 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Feed
11. BIRTHPLACE (State or foreign country): Moniteau Co Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: Abraham Zahler
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Clarence Zahler — **ADDRESS**: Chicago Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* dead when first seen *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenyon Latham M.D - Coroner
23b. ADDRESS: California, Mo
23c. DATE SIGNED: 4-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/6/49
24c. NAME OF CEMETERY OR CREMATORY: Jamestown M.E. Cem.
24d. LOCATION (City, town, or county) (State): Jamestown Mo

DATE REC'D BY LOCAL REG.: April 6-1949
REGISTRAR'S SIGNATURE: Yada M. Brown
25. FUNERAL DIRECTOR'S SIGNATURE: Williams Funeral Home
ADDRESS: California Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 8 1949

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 .....
Student Embalmer

Signed H E Frickmeyer

Licensed Embalmer No. 2854

P. O. Address California 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 this body is not embalmed, fact should be so stated above.