

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4659

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 56		
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (In this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		0422		
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 East Colt				d. STREET ADDRESS (If rural, give location) 207 East Colt 0				
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) Zollicker		c. (Last) Zollicker			
4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1950								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 11, 1863		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 4 Days 14		IF UNDER 4 HRS. Hours 14 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Leslie, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Zollicker			13b. MOTHER'S MAIDEN NAME Kathleen Harrett		14. NAME OF HUSBAND OR WIFE Jennie Graham Zollicker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Samuel Zollicker, Windsor, Mo.				
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) Influenza					INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					481X 80 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Valvular Heart Disease						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb. 3, 1950, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 11:05 P.M. from the causes and on the date stated above.								
23a. SIGNATURE J.A. Blackmore M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 2-16-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-50		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri		
DATE REC'D BY LOCAL REG. Feb-20-50		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hutton-Turner, Windsor, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-50-124
Date Filed 2-27-50

NOV 22 1952

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: _____

William M. Turner

Licensed Embalmer No. _____

4648

P. O. Address _____

Windsor, Md.

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.