

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20757

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 35

0510

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

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL - ROSE HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ROSE HILL 0510</u>	
c. LENGTH OF STAY (in this place) <u>9 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE #1 HOLDEN MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ROUTE #1 HOLDEN MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARVEY</u> b. (Middle) <u>ZUMWALT</u> c. (Last) <u>ZUMWALT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 27 1892</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>REYAS MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACOB ZUMWALT</u>	
13b. MOTHER'S MAIDEN NAME <u>EMILY LINDBERG</u>		14. NAME OF HUSBAND OR WIFE <u>ALTA MAY ZUMWALT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>YES WW #1</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alta May Zumwalt Holden Mrs</u>		ADDRESS <u>Holden Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>			
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			
19a. DATE OF OPERATION <u>Dec '49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Apr 18</u> , 19 <u>50</u> to <u>June 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 8</u> , 19 <u>50</u> , and that death occurred at <u>9:30am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Lowell M.D.</u>		23b. ADDRESS <u>Holden Mo.</u>	
23c. DATE SIGNED <u>6/10/50</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 11 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo</u>		DATE REC'D BY LOCAL REG. <u>June 13, 1950</u>	
REGISTRAR'S SIGNATURE <u>Mrs. V. Redford</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Lopp Holden Mo</u>	
ADDRESS _____		ADDRESS _____	

JUN 19 1953

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 W. T. Casaday

Licensed Embalmer No. 2434

P. O. Address Holden, 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.