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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1950

State File No. 37356

BIRTH NO. 7 4945-50 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 421

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
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) Indep. Sanitarium & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence 0484
d. STREET ADDRESS (If rural, give location) 915 Manor Road

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle) Arthur
c. (Last) Zerr

4. DATE OF DEATH (Month) Oct (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH Oct 29-1950
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 0, Min. 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Independence Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chas. Myron Zerr
13b. MOTHER'S MAIDEN NAME Byrna Sandy
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S ~~SIGNATURE OR~~ NAME Chas. Myron Zerr — **ADDRESS** Indep. 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) Anencephaly — INTERVAL BETWEEN ONSET AND DEATH —

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. — 750X

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* Oct 29, 1950, *to* Oct 29, 1950 *that I last saw the deceased alive on* Oct 29, 1950 *and that death occurred at* 1:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE M. W. Eberhouser, M.D. (Degree or title)
23b. ADDRESS Independence Mo.
23c. DATE SIGNED 10-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 30-1950
24c. NAME OF CEMETERY OR CREMATORY Round Grove
24d. LOCATION (City, town, or county) Independence (State) Mo.

DATE REC'D BY LOCAL REG. Oct. 30, 1950
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Stahl **ADDRESS** Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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