

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27524**

FILED SEP 13 1951

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lexington		c. LENGTH OF STAY (in this place) <i>In morning car</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 miles east of Lexington, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington, Mo.; Route 1 <i>054</i>	
3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Eugene c. (Last) Zeller		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH Nov. 23, 1948
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	11. BIRTHPLACE (State or foreign country) Wellington, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edward Zeller		13b. MOTHER'S MAIDEN NAME Edith Mullarkey	14. NAME OF HUSBAND OR WIFE <i>none</i>

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 Edward Zeller	ADDRESS Lexington, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8244 054 32	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) Automobile	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 24 highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lexington Lafayette Mo.
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21d. TIME OF INJURY 9/1/51 10:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from car & run over by approach-
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. S. Anderson</i>	(Degree or title) Acting coroner	23b. ADDRESS Lexington, Missouri	23c. DATE SIGNED 9/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE September 3-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Lexington, Missouri
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DATE REC'D BY LOCAL REG. 9-10-51	REGISTRAR'S SIGNATURE <i>Wm. S. Anderson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank J. Lewis</i>	ADDRESS <i>Lexington, Missouri</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-12-51 _____

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 _____

Thomas G. Johnson
working under my personal supervision.

Student Embalmer No. 427

Signed *Thomas G. Johnson*
Student Embalmer

Signed *Leo M. Kane*

Licensed Embalmer No. 2983

P. O. Address *Levinson, 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.