

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24170**  
Registrar's No. **716**

FILED AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1396  
0

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2112 N. Benton</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ZELOTIS</b> b. (Middle) _____ c. (Last) <b>HAAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 3, 1874</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Auto Dealer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Newtown Ind.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Auto Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>F.P. Haas</b>		13b. MOTHER'S MAIDEN NAME <b>Cordelia Skelly</b>	14. NAME OF HUSBAND OR WIFE <b>Maggie Margaret Haas</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-03-5438</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Zelotis Haas Springfield, Mo</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral thrombosis</b> DUE TO (c) <b>Advanced Atherosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Asthma</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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) <b>332X</b>
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 <b>12-2, 1950</b> , to <b>7-28, 1952</b> that I last saw the deceased alive on <b>7-28, 1952</b> and that death occurred at <b>700 A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>D. F. Youell</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>7-28-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1 Aug. 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b> LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
DATE REC'D BY LOCAL REG. <b>7-31-52</b>		REGISTRAR'S SIGNATURE <b>Ernest Williamson Reg</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Klingner &amp; Co Springfield Mo</b>

**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. 468

working under my personal supervision.

Student

Sidney J. Pitts  
Student Embalmer

Signed

Max A. Rhodes  
Licensed Embalmer No. 4071

P. O. Address Springfield

(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.