

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1952

BIRTH NO. 3277 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5916 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cinque Hommes Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cinque Hommes Twp.</u>	
c. LENGTH OF STAY (in this place) <u>9 Months</u>		d. STREET ADDRESS (If rural, give location) <u>Biehle, Mo. R.l.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Biehle, Mo. R.l.</u>			

3. NAME OF DECEASED (Type or Print) <u>Carol</u>	a. (First)	b. (Middle) <u>Ann</u>	c. (Last) <u>Zoellner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 19, 1952</u>	9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 12 HRS. Hours <u>11</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Floyd Anton Zoellner</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Keller</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd A. Zoellner, Biehle, Mo. R.l.</u> ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastroenteritis due to infection from sp.</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>5710</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-21, 1952 to 10-23, 1952, that I last saw the deceased alive on 10-23, 1952, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Feltz, M.D.</u> (Degree or title)	23b. ADDRESS <u>Perryville, Mo.</u>	23c. DATE SIGNED <u>10-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Maurus Catholic Cemetery, Biehle, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG <u>Oct 24-52</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u> 250	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u> ADDRESS <u>Perryville, Mo.</u>
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WRITE, PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0790

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert Bey

Licensed Embalmer No. 3866

P. O. Address Ferrysville, 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.