

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 419  
Registrar's No. 56

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp.</u>		c. LENGTH OF STAY (In this place) <u>3yrs</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RFD # 3 Litlel Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>RFD # 3 St Joseph</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Zweng</u> c. (Last) <u>Zweng</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1953</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 27, 1875</u>	9. AGE (In years last birthday) <u>77</u>	10 UNDER 1 YEAR Months _____ Days _____	10 UNDER 1 HR. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 26 yrs</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baker Natl. Bisquit Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
---	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>Joseph Zweng</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Metzler</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
--	--	---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jessie Roberts St Joseph, Mo</u>			
--	--	-------------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Heart Lesion</u> ANTECEDENT CAUSES <u>Artero. Sclerosis</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>7 years</u>	
--	--	---	--	--	--	--	--	---	--

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) _____	
--	--	--	--	---	--

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 Jan 12, 1953, to Jan 15, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Swails M.D.</u>		23b. ADDRESS <u>Wathens, Kansas</u>		23c. DATE SIGNED <u>1-16-1953</u>	
---	--	-------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Jan 19, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cast</u>		446		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman M. Sidenfaden 1802 Union St</u>	
--	--	---	--	-----	--	--	--

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

0110  
1

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 \_\_\_\_\_

*Robert H. Geph*

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.