No. 200
10.48

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6974

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 11

0730

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
c. LENGTH OF STAY (in this place): 5 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Granby Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jenkins R.R. 0050 11
d. STREET ADDRESS (If rural, give location): McDonald Township

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Zellers

4. DATE OF DEATH (Month) (Day) (Year): 2 5 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Feb. 11, 18

9. AGE (In years last birthday): 2 70
If under 1 year: Months 11 Days 24
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 1

11. BIRTHPLACE (City and State or Foreign Country): Indiana

12. CITIZEN OF WHAT COUNTRY?: 1

13a. FATHER'S NAME: Henry Clay Zellers

13b. MOTHER'S MAIDEN NAME: Sarah Jane

14. NAME OF HUSBAND OR WIFE: Susie Zellers

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 ADDRESS: Son, Harry Zellers Hurley, 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) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio renal hypertensive disease — over 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 442X

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* Feb 1, 1953, *to* Feb 5, 1953, *that I last saw the deceased alive on* Feb 5, 1953, *and that death occurred at* 6:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas O Chester D.O.

23b. ADDRESS: Granby, Mo.

23c. DATE SIGNED: 2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery

24d. LOCATION (City, town, or county) (State): Barry County, Mo.

DATE REC'D BY LOCAL REG.: Feb. 7, 1953

REGISTRAR'S SIGNATURE: M. L. Young 225

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Koon Funeral Home, Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 253-38

Date Filed 2/14/53

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

FEB 24 1953

MAR 6 1953

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Carroll, 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.