

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15627

BIRTH NO.		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 59		
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (In this place) 1 wk		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		d. STREET ADDRESS (If rural, give location) N 2nd St		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Hospital				d. STREET ADDRESS (If rural, give location) N 2nd St				
3. NAME OF DECEASED (Type or Print) a. (First) Myron b. (Middle) Graham c. (Last) Zinn			4. DATE OF DEATH (Month) (Day) (Year) 6-10-1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-16-1910		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 8 Days 24	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Harrison County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Isaac Zinn			13b. MOTHER'S MAIDEN NAME Minnie Graham		14. NAME OF HUSBAND OR WIFE Florence Zinn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Zinn Bethany 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis nephritis, chronic DUE TO (c) Chronic heart disease Nephatic failure followed acute nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 wks  unk.  unk.
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) m.		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 4 June, 1954, to 10 June 1954, that I last saw the deceased alive on 10 June, 1954, and that death occurred at 12:00 m., from the causes and on the date stated above.								
23. SIGNATURE J. N. Zolbert (Degree or title) MD				23b. ADDRESS Bethany, Mo		23c. DATE SIGNED June 4, 54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/13/54	24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) Bethany Mo		(State)	
DATE REC'D BY LOCAL REG. 6/12-54		REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. W. H. ... Bethany Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *MBA Jones*

Licensed Embalmer No. 3899

P. O. Address Bethany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.