

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7785**
Registrar's No. **12**

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 5443		Registrar's No. 12			
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived) If Institution: residence before admission: a. STATE MO. b. COUNTY Montgomery					
b. CITY OR TOWN RURAL ROARK TWP		c. LENGTH OF STAY (in this place) 2 hrs		c. CITY OR TOWN RURAL LOUTRE TWP 1		0700			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 mi. S of Heermann				d. STREET ADDRESS (If rural, give location) 1 1/2 N.W. OF BLUFFTON					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) LEROY		c. (Last) ZUMSTEG		4. DATE OF DEATH (Month) (Day) (Year) MARCH 24-1955			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH AUG 26 1936			
9. AGE (In years last birthday) 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER HELPER		10b. KIND OF BUSINESS OR INDUSTRY Home Building		11. BIRTHPLACE (City and State or Foreign Country) BLUFFTON MO			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JAMES ZUMSTEG		13b. MOTHER'S MAIDEN NAME ALDA LENSING		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-38-2988		17. INFORMANT'S SIGNATURE OR NAME Mrs James Zumsteg ADDRESS BLUFFTON 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSH INJURIES CHEST SEVERE GENERAL CONCUSSION FORCES 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. E8234 51				INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) HIGHWAY 19		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ROARK TWP GASCONADE 037 MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 24 55 8 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? AUTO LEFT ROAD, HIT TREE					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE Hugo H. Deibel, coroner (Print name and title)				23b. ADDRESS HERMANN, MO		23c. DATE SIGNED 3-25-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/27/55		24c. NAME OF CEMETERY OR CREMATORY ST. MARCUS CEMETERY		24d. LOCATION (City, town, or county) (State) RHINELAND MO			
DATE REC'D BY LOCAL REG. 3-26-55		REGISTRAR'S SIGNATURE Delma Gerken		25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Deibel ADDRESS HERMANN MO					

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

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54-113

STATEMENT BY LICENSED EMBALMER

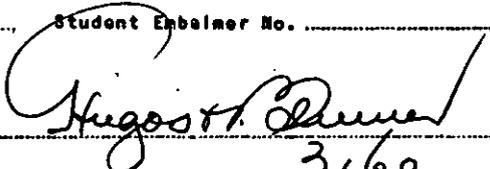
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3160

P. O. Address. Herman M

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.