

No. 38
10.48

FILED OCT 5 - 1955
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STANDARD CERTIFICATE OF DEATH

4557 State File No. **29625**
REGISTRAR'S No. **33**

BIRTH NO.		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 5000		REGISTRAR'S No. 33	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give town) Pomona		c. LENGTH OF STAY (in this place) township) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Pomona,		2460	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence				d. STREET ADDRESS (If rural, give location) C			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) WASHINGTON		c. (Last) ZARR		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 17, 1987	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Portable Engineer		10b. KIND OF BUSINESS OR INDUSTRY American Rad. Co.		11. BIRTHPLACE (State or foreign country) Kingsbury, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adam Zarr		13b. MOTHER'S MAIDEN NAME Rebecca Stone		14. NAME OF HUSBAND OR WIFE Eliz. Givens Zarr			
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. 497-12-8288		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. W. Zarr, Pomona, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 5 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis				15 yrs.	
		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 1201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1/15 , 19 38 , to 9/27 , 19 55 , that I last saw the deceased alive on 8/3 , 19 55 , and that death occurred at 2: P.M. , from the causes and on the date stated above.							
23a. SIGNATURE E. Callahan (Degree or title) M. D.				23b. ADDRESS West Plains, Missouri		23c. DATE SIGNED 9/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Mackey, Cemetery		24d. LOCATION (City, town, or county) (State) Pomona, Missouri	
DATE REC'D BY LOCAL REG. 9/30/55		REGISTRAR'S SIGNATURE Marshall Ballard		3870 F. FUNERAL DIRECTOR'S SIGNATURE Hal Steinhilber		ADDRESS W. Plains, Mo.	

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

OCT 11 1955

OCT 6 1955

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 Hal Thonben

Licensed Embalmer No. 3408

P. O. Address W. Plains

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.