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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37549

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Linn
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 mi south of Jamestown on Hwy 87

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Moniteau
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 4 mi. South of Jamestown on Hwy 87

3. NAME OF DECEASED (Type or Print) a. (First) ROSETTE b. (Middle) c. (Last) ZAUG

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1955

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH april 6, 1866
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 7 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Canton Bern Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Haldiman
13b. MOTHER'S MAIDEN NAME Mary Ann Haldiman
14. NAME OF HUSBAND OR WIFE Chris Zaugg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Bertha Zaugg ADDRESS Jamestown 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) Viral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 492X

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
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) Linntwp (COUNTY) Moniteau (STATE) Mo
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* May 7, 1954, *to* Nov. 21, 1955, *that I last saw the deceased alive on* Nov. 21, 1955, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE D. A. Banion (Degree or title) D.O.
23b. ADDRESS California
23c. DATE SIGNED 11/22/55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 11-23-1955
24c. NAME OF CEMETERY OR CREMATORY Jamestown Methodist
24d. LOCATION (City, town, or county) Jamestown (State) Mo.

DATE REC'D BY LOCAL REG. 11-28-55
REGISTRAR'S SIGNATURE H L Papejoy 506
25. FUNERAL DIRECTOR'S SIGNATURE A E Wilson ADDRESS California 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 235

P. O. Address California

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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