FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 21056

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 561

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Aurora 0551 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 111 E. Cofield — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle JACAP Last ZENOR

4. DATE OF DEATH Month June Day 25 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 6, 1866
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Shoe Cobler
10b. KIND OF BUSINESS OR INDUSTRY Shoe Repair
11. BIRTHPLACE (City and state or country) Brazil, Indiana
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Josieh D. Zenor
14. MOTHER'S MAIDEN NAME Deliah Lybarger

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 Retta Officer Address Aurora, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — Interval between onset and death: 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 6 days.
DUE TO (c) Congestive Heart Failure. — 1 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4341
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1947, to June 25-1956 and last saw him alive on June 25-1956.
Death occurred at 7:20 p.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE A. P. Coyette (Degree or title) M.D.
22b. ADDRESS Aurora, Mo.
22c. DATE SIGNED 6-26-56.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/27/56
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) (State) Aurora, Missouri

24. FUNERAL DIRECTOR Irvin R. Ruff ADDRESS Aurora, Mo.
25. DATE REC'D. BY LOCAL REG. 6/26/56
26. REGISTRAR'S SIGNATURE Oral McNatt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casualty related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed ....James D. Crafton

Licensed Embalmer No...4..

P. O. Address Aurora

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.