

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1957

42060

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Seaton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>		Length of stay in lb <b>14 days</b>	d. STREET ADDRESS <b>Route 1</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>John Miller Zezelich</b>			4. DATE OF DEATH <b>Dec. 20, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 31, 1874</b>		9. AGE (In years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Public Service</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service</b>		11. BIRTHPLACE (City and state or country) <b>Austria, Europe</b>	
13. FATHER'S NAME <b>John Zezelich</b>			14. MOTHER'S MAIDEN NAME <b>Margarita</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>43-0496 440</b>		17. INFORMANT <b>San. records, Mo. State San., Mt. Vernon, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral pulmonary infiltration with cavitation, etiology unknown.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>abt. 2 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
					DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Dec. 6, 1956</b> to <b>Dec. 20, 1956</b> and last saw <b>him</b> alive on <b>12-20-56</b> Death occurred at <b>12:45 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>C. A. Brasler M.D.</b> (Degree or title)			22b. ADDRESS <b>Mo. State Sanatorium</b>		22c. DATE SIGNED <b>12-21-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-21-56</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>St. James, Mo.</b>
24. FUNERAL DIRECTOR <b>Max L. Fossett</b> ADDRESS <b>Mo. State Sanatorium</b>		25. DATE RECD. BY LOCAL REG. <b>12-24-56</b>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 Coroner cannot certify to a death due to natural causes.  
 diseases in Part I must be casually related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no standard nomenclature in item 18.

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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 .....  
Signature of Student Embalmer

Signed *Max L. Fossett* .....

Licensed Embalmer No. *42*

P. O. Address *W. W. ...*

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.