

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER **8073**Registration District No. **77** Primary Registration District No. **5303** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Cole <i>Jefferson Township</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jefferson City 0260		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tanner Bridge Road				Length of stay in 1b 50 years		d. STREET ADDRESS (If outside, give location) Tanner Bridge Road		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First ANDY Middle (NONE) Last ZEHENDNER				4. DATE OF DEATH Month March Day 13 Year 1957									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 17 1876		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 1 Days 26 Hours - Min. -		IF UNDER 24 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Cole County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Ulrich Zehendner						14. MOTHER'S MAIDEN NAME Francis Loesch							
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. 488-42-9496		17. INFORMANT Address Fred Zehendner Tanner Bridge RD JEFF CITY							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Age DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201												INTERVAL BETWEEN ONSET AND DEATH 2 days	
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____													
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 Mar 7-57 to Mar 7-57 and last saw her alive on Mar 7 Death occurred at 5:30 P.M. 3-13-57 on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) L. A. T. Meyer M.D.						22b. ADDRESS 108 1/2 E High Jeff City			22c. DATE SIGNED 3-15-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 15th '57		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery				23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri					
24. FUNERAL DIRECTOR ADDRESS Tanner Funeral Service Jeff City Mo					25. DATE RECD. BY LOCAL REG. 15 March 1957		26. REGISTRAR'S SIGNATURE R. P. Harris M.D. JR.						

(Licensed Embolmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
7-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. DO NOT WRITE IN RED INK. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

L. A. T. Meyer M.D.

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 
Donald P. Freeman

Licensed Embalmer No... 462

P. O. Address Jefferson C
Missouri

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.