

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020697

STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 98

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-57

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1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN RFD Rich Hill Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Wyatt Nursing Home		d. STREET ADDRESS (If outside, give location) 0 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Zumbrunnen Sr. Last Zumbrunnen Sr.			4. DATE OF DEATH Month May Day 20 Year 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 16 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 89
11. BIRTHPLACE (City and state or country) Bern Switzerland		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Pete Zumbrunnen		13b. MOTHER'S MAIDEN NAME Marie	
14. NAME OF HUSBAND OR WIFE Rosina Zumbrunnen		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Christian Zumbrunnen Rich Hill Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident recurrent			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis			Unknown
DUE TO (c) 331X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia and Previous cerebral accident 3 months ago.			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 May 14, 1958 , to May 20, '58 and last saw ^{him} him alive on May 19, 1958 Death occurred at Nevada, 7:35 PM Mo. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Louis P. Moore, M.D.</i> (Degree or title)		22b. ADDRESS Moore Building, Nevada, Mo.	
22c. DATE SIGNED 5/23/1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/24/58	
23c. NAME OF CEMETERY OR CREMATORY Reform Cemetery		23d. LOCATION (City, town, or county) (State) Bates Co Missouri	
24. FUNERAL DIRECTOR Culver Underwood-Butler Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-2-1958	
26. REGISTRAR'S SIGNATURE <i>Ormal B. Ferry</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 10 1958

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 *John J. Anderson* Licensed Embalmer No. 3585 P. O. Address Butler Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.