Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036855
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Webb City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jane Chinn hosp. — Length of stay in 1b: 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Webb City 0492 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1028 W. 7th St — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ESTEL Middle: CORBAN Last: ZILER

4. DATE OF DEATH: Month Oct. Day 18, Year 1958

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]
8. DATE OF BIRTH: Feb 18, 1895
9. AGE (In years last birthday): 63 — 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): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: auto repair
11. BIRTHPLACE (City and state or country): Jasper County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Corban H. Ziler
13b. MOTHER'S MAIDEN NAME: Della Sterrett
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT: C.W.Ziler, Colorado Spgs, Colo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory Failure	1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pneumonia	7 days
DUE TO (c)	Cerebral accident 331X	12 days

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 [ ] NO [X] 2

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 10-6-58, to 10-18-58 and last saw him alive on 10-18-58
Death occurred at 10:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C F Gregory (Degree or title) DO 2
22b. ADDRESS: Webb City, Mo
22c. DATE SIGNED: 10-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10-22-58
23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Mo

24. FUNERAL DIRECTOR: Knell Mortuary, ADDRESS: Carthage, Mo
25. DATE RECD. BY LOCAL REG.: 10-20-58
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C.F. GREGORY

OCT 29 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 Frank W. Kuell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.