

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012908

STATE FILE NUMBER

8  
FILED MAY 11 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 38

300

1-57

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1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Athens Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. of Albany		Length of stay in 1b 21 days	d. STREET ADDRESS (If outside, give location) Merchant's Hotel		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frederick Nicholas Zirfas			4. DATE OF DEATH Month Day Year April 12 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 4, 1900	
9a. AGE (In years last birthday) 58		9b. IF UNDER 1 YEAR Months Days	9c. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor (retired)		10b. KIND OF BUSINESS OR INDUSTRY school janitor	11. BIRTHPLACE (City and state or country) Nodaway Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Mathias Zirfas		13b. MOTHER'S MAIDEN NAME Helen Richard		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes 11		16. SOCIAL SECURITY NO. 473-28-4158	17. INFORMANT John Zirfas		Address Conception, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 22 bullet in chest which was being loaded 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)					INTERVAL BETWEEN ONSET AND DEATH 20 minutes
20a. ACCIDENT <input checked="" 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) apparently loading & assembling new grenades accidentally discharged body found 2 days later.				
20c. TIME OF INJURY Hour Month, Day, Year a.m. 4-12-59 p.m.		20d. INJURY OCCURRED WHILE AT <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.) viewed body after death.	20f. CITY, TOWN, OR LOCATION COUNTY STATE King City, Mo.	
21. I attended the deceased from _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jack A. Barnes, D.		22b. ADDRESS Gentry, Mo.		22c. DATE SIGNED 5-4-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 5, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Columba		23d. LOCATION (City, town, or county) (State) Nodaway County, Mo.	
24. FUNERAL DIRECTOR Clifford Brooks		ADDRESS Albany, Mo.	25. DATE RECD. BY LOCAL REG. May, 5, 1959		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Zack A. Barnes

AUG 13 1959

5 1 MAR 1959

MAY 13 1959

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 not embalmed....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Donald E. Cochell.....

Licensed Embalmer No. 4868.....

P. O. Address Albany, 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.