No. 300
10.46

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014066
State File No.

FILED APR 17 1959

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3016 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN Chillicothe
c. LENGTH OF STAY (In this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1420 Calhoun St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN Chillicothe
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 1420 Calhoun St.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) ALBERT
c. (Last) ZULLIG

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 18, 1883
9. AGE (In years last birthday) 75 — 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Mooresville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Jacob Zullig
13b. MOTHER'S MAIDEN NAME Veronica Bauch
14. NAME OF HUSBAND OR WIFE Edith Close

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 225-32-6447
17. INFORMANT'S SIGNATURE OR NAME Edith Zullig — **ADDRESS** 1420 Calhoun St. Chillicothe, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, 1959, *to* April 17, 1959 *that I last saw the deceased alive on* April 11, 1959, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Carpenter (Degree or title) MD
23b. ADDRESS Chillicothe Mo
23c. DATE SIGNED April 13, 1959

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/13/59
24c. NAME OF CEMETERY OR CREMATORY Mooresville Cemetery
24d. LOCATION (City, town, or county) Mooresville (State) Missouri

DATE REC'D BY LOCAL REG. 4/13/59
REGISTRAR'S SIGNATURE Frances B Nall
25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME — **ADDRESS** Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Bohin.....

Licensed Embalmer No. 503

P. O. Address Chillicothe,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.