

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022577  
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 314 Primary Registration District No. 6067 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <i>St. Clair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Speedwell Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>El Dorado Springs</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Route 4</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Benjamin Zener</i>			4. DATE OF DEATH Month Day Year <i>June 4, 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 16, 1871</i>
9. AGE (In years last birthday)		10. FUNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic, Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Indiana</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>David G. Zener</i>	13b. MOTHER'S MAIDEN NAME <i>Zelenda Gaddy</i>
14. NAME OF HUSBAND OR WIFE <i>Delmonte Zener</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.
17. INFORMANT <i>Karl Zener, Nevada, Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> DUE TO (b) <i>Had apoplexy 10 years ago</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>	
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.) <i>None</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>None</i>		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.) <i>No injury</i>
20f. CITY, TOWN, OR LOCATION <i>El Dorado Springs, Mo</i>		20g. COUNTY STATE	
21. I attended the deceased from <i>2-2-59</i> to <i>6-1-59</i> and last saw her alive on <i>6-1-59</i> Death occurred at <i>2 am - 6-4-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>JW Richardson MA</i>		22b. ADDRESS <i>El Dorado Spgs Mo</i>	22c. DATE SIGNED <i>6-4-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-6-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Newton Burial Park</i>	23d. LOCATION (City, town, or country) (State) <i>Nevada, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Gwinne Carothers, El Dorado Spgs., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-18-59</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Seewer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

MS FEB 23 1967

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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 *Hyd E. Crothers* .....

Licensed Embalmer No. *4419* .....  
P. O. Address *Edwards* .....

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.