URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–028656

FILED VS SEP 14 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 189

NDED

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Length of stay in 1b 7-weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived? If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Red Bird — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Nora Middle Last Zulauf

4. DATE OF DEATH Month Sept Day 3 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Aug-10-1900
9. AGE (last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Store
10b. KIND OF BUSINESS OR INDUSTRY Retail Store
11. BIRTHPLACE (City and state or country) Gasconade County near Redbird – Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Steen
13b. MOTHER'S MAIDEN NAME Mary Tyree
14. NAME OF HUSBAND OR WIFE deceased

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. —
17. INFORMANT Allen Zulauf — Address Bland – 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) Primary Carcinoma L Breast — INTERVAL BETWEEN ONSET AND DEATH 3 Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with terminal metastases.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1956 to 9-3-59 and last saw her alive on 9-2-59
Death occurred at 8:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul A. Brunner, M.D.
22b. ADDRESS Owensville, Mo.
22c. DATE SIGNED 9-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 6-1979
23c. NAME OF CEMETERY OR CREMATORY Bowen Cemetery
23d. LOCATION (City, town, or county) (State) Gasconade County – Mo

24. FUNERAL DIRECTOR Sassmann's Funeral Service — ADDRESS Chester Sassman Bland Mo
25. DATE RECD. BY LOCAL REG. 9/5/59
26. REGISTRAR'S SIGNATURE F. L. Hudmann G. L. Hudmann Jr.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

SEP 16 1955

OCT 11 1950

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester Sassman
Signature of Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland-

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