

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041439

FILED VS DEC 5 1960

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Registration District No. _____ Primary Registration District No. 3016

Registrar's No. 400

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cole	b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City	a. STATE Missouri	b. COUNTY Cole
Length of stay in 1b 35 years		c. CITY OR TOWN Jefferson City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) 129 1/2 E. High Street		d. STREET ADDRESS 129 1/2 E. High Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First ARTHUR	Middle WILLIAM	Last ZUMWALT	4. DATE OF DEATH	Month Nov	Day 26th	Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/20/1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Boone County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Benjamin S. Zumwalt	13b. MOTHER'S MAIDEN NAME Martha Sory	14. NAME OF HUSBAND OR WIFE Beuhla Mae Clardy, Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Ann E. Zumwalt	Address Jefferson City, Mo.
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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) Broncho pneumonia	7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	2 years
DUE TO (b) Senile generalized arteriosclerosis	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Urinary bladder Calculi removed.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____	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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from 5-23-1954 to 11-26-1960 and last saw him alive on 11-26-1960 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Kendall A. Clark, MD (Degree and title)	22b. ADDRESS 115 E. High Jefferson City, Mo 64501	22c. DATE SIGNED 11-28-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 28 1960	23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery	23d. LOCATION (City, town, or county) (State) Boone County, Missouri
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24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 29 November 1960	26. REGISTRAR'S SIGNATURE R.P. Davis, MD - Richter
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Clark, M. J.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold P. Freeman

Licensed Embalmer No. 462

P. O. Address Grind

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