

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028640

AMENDED

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 43

STATE FILE NUMBER

FILED AUG 29 1961

1. PLACE OF DEATH a. COUNTY Clark County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alexandra, Missouri		c. CITY OR TOWN Alexandra, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. # 1		d. STREET ADDRESS (If outside, give location) R.R. #. 1	

3. NAME OF DECEASED (Type or print) First Middle Last Alynra Zinnert			4. DATE OF DEATH Month Day Year Aug. 19, 1961		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-7-1883	9. AGE (Last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) CLARK COUNTY, MO. USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George Kiger	13b. MOTHER'S MAIDEN NAME Rebecca Shaw	14. NAME OF HUSBAND OR WIFE August Zinnert
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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. UNKNOWN	17. INFORMANT August Zinnert, Alexandra, 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: IMMEDIATE CAUSE (a) Acute Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 min
DUE TO (b) Arteriosclerotic heart disease		
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. <input type="checkbox"/> Yes <input checked="" 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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 Wayland, Missouri	COUNTY Wayland, Missouri	STATE
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21. I attended the deceased from Jan 1961 to Aug 19, 1961 and last saw her alive on Aug 12
Death occurred at 830 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert P. Cullberg MD (Degree or title)	22b. ADDRESS Keosauqua Iowa	22c. DATE SIGNED 8/22/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 21, 1961	23c. NAME OF CEMETERY OR CREMATORY Frazee Cemetery	23d. LOCATION (City, town, or county) (State) Wayland, Missouri
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24. FUNERAL DIRECTOR D. L. Shaffer	ADDRESS Kahoka, Mo.	26. REGISTRAR'S SIGNATURE J. P. Duggan
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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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 Delbert L. Shaffer

Licensed Embalmer No. 5063

P. O. Address Kahuka, 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.