SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-047518

STATE FILE NUMBER

AMENDED

Registration District No. 328 Primary Registration District No. 4492 Registrar's No. 40

FILED DEC 19 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ORAN
Length of stay in 1b 42 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First JANE Middle AGNES Last ZAHNER

4. DATE OF DEATH Month DEC. Day 10 Year 1961

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH APR. 30 1877

9. AGE (last birthday) 84

IF UNDER 1 YEAR Months 7 Days 10 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) FULTON, KENTUCKY

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN HINCHEY

13b. MOTHER'S MAIDEN NAME MARY ARGO

14. NAME OF HUSBAND OR WIFE GEORGE ALBERT ZAHNER

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. NONE

17. INFORMANT MRS. BLANCHE FEUCHT Address ORAN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio-Sclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 8-18 61, to Dec 4 '61 and last saw her alive on Dec 4 1961

Death occurred at 2 00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. J. O'Dell M.D.

22b. ADDRESS Oran, Mo.

22c. DATE SIGNED Dec. 12 '61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE DEC. 13, 1961

23c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETERY

23d. LOCATION (City, town, or county) ORAN (State) MISSOURI

24. FUNERAL DIRECTOR BISPLINGHOFF FUNERAL HOME ADDRESS LAFFEE, MO.

25. DATE REC'D BY LOCAL REG. Dec. 15-1961

26. REGISTRAR'S SIGNATURE Mrs Fred Bispling hoff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 447

P. O. Address Chaffee, M

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