

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21137**

FILED JUL 13 1953

BIRTH NO. _____		REG. DIST. NO. <b>83</b>	PRIMARY REG. DIST. NO. <b>5313</b>	Registrar's No. <b>9</b>
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>		
b. CITY (If outside corporate limits, write RURAL and give townships) <b>Rural-North Moniteau</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-North Moniteau</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0270</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>		b. (Middle) <b>LAWRENCE</b>		c. (Last) <b>ZEY</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>July 7 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar-26-1873</b>		9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper Co. Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Michael Zey</b>		13b. MOTHER'S MAIDEN NAME <b>Maggi Johnson</b>
14. NAME OF HUSBAND OR WIFE <b>Barbara Ernst</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Barbara Zey</b>		ADDRESS <b>Paris Home</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4500</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rural-North Moniteau Moniteau Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>July 1 1953</b> to <b>July 7 1953</b> , that I last saw the deceased alive on <b>July 7 1953</b> and that death occurred at <b>2:04 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>D. J. Brown D.O.</b>		23b. ADDRESS <b>California, Mo</b>		23c. DATE SIGNED <b>7/10/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-9-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove</b>
24d. LOCATION (City, town, or county) (State) <b>Cooper Co. Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Hugh E. Williams</b>		ADDRESS <b>California Mo.</b>
DATE REC'D BY LOCAL REG. <b>7/11/53</b>		REGISTRAR'S SIGNATURE <b>O. T. Meredith 742</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hugh E. Williams</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
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AUG 1 1955

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 .....  
Student Embalmer

Signed Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address: California, Ms.

(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 this body is not embalmed, fact should be so stated above.