

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

943-58

58-004921
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 25

1. PLACE OF DEATH - a. COUNTY <u>COOPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOONVILLE MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>BOONVILLE MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital, give location) <u>DR JOSEPH</u>		Length of stay in lb <u>12 DAYS</u>	d. STREET ADDRESS (If not in hospital, give location) <u>721 E. SPRING ST BOONVILLE MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT KEVIN ZEY</u>			4. DATE OF DEATH Month Day Year <u>FEB. 17 - 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 5 - 1958</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins. <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
13a. FATHER'S NAME <u>DONALD ZEY</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA BELLE ODNEAL</u>		14. NAME OF HUSBAND OR WIFE <u>BABY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>Mrs Donald Zey 721 E. Spring Boonville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
21. I attended the deceased from <u>2-5-58</u> to <u>2-17-58</u> and last saw ^{her} alive on <u>2-17-58</u> Death occurred at <u>2:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>D. J. Brown</u> (Degree or title) <u>MD.</u>			22b. ADDRESS <u>329 Main St. Boonville</u>		22c. DATE SIGNED <u>2-17-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL FEB 18 - 1958 CEDON</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>NEAR RAISIE HOME MO.</u>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <u>C. ALBERT HATHBECK</u> <u>RAISIE HOME MO.</u>		25. DATE RECD. BY LOCAL REG. <u>2/17/58</u>	
26. REGISTRAR'S SIGNATURE <u>D. J. Hooper</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Barrie, Ontario*

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.