

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008834

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

73

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jefferson City, Mo

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Marys Hosp

Length of stay in lb
10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Moniteau

c. CITY
OR
TOWN

California, Mo

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
707 N Oak

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Sarah

Belle

Zey

4. DATE
OF
DEATH

Month

Day

Year

Mar

11

1959

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

April 16 1889

9. AGE (In years
last birthday)

69

IF UNDER 1 YEAR
Months Days Hours Min.

10

23

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

10b. KIND OF BUSINESS OR
INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Missouri

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

13a. FATHER'S NAME

George Simmers

13b. MOTHER'S MAIDEN NAME

Kartha Reed

14. NAME OF HUSBAND OR WIFE

Andie M. Zey

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

Andie M. Zey California Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lungs - Bronchopneumonia

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

DUE TO (b)

Chronic lymphatic leukemia

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)

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

2040

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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or out of home,
farm, factory, street, etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 12-12-58 to 1-7-59

to March 11-1959 and last saw her alive on 11 March 1959

Death occurred at 6 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Fred P. Hinder MD

Pathologist- Jefferson City, Mo.

3-13-59

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

3/13/59

Evangelical Cemetery

California, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Earl Boulin - California Mo

12 March 1959

R. P. Norris, MD - MR

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 *Jack H. Bowlin*

Licensed Embalmer No. *4925*

P. O. Address *California, 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.