

CERTIFICATE OF DEATH

124

68 0017243

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 81

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

9. 0
10a. 80
10b.
1. 0
2. 2
3. 4123
4.
5. 4
6. 0160
16.
17.
18. 0
19. CREDITS
20. 1-0

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. Gustav W. Zoellner			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 27, 1968	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 80	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. April 30, 1887
CITY, TOWN, OR LOCATION OF DEATH 7a. Perryville, Mo.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Perry Co. Mem. Hosp.		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Mo.		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. --
SOCIAL SECURITY NUMBER 12. 486-42-5318		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer		KIND OF BUSINESS OR INDUSTRY 13b. Farming	
RESIDENCE—STATE 14a. Mo.	COUNTY 14b. Cape	CITY, TOWN, OR LOCATION 14c. Friedheim	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. No	STREET AND NUMBER 14e.	
FATHER—NAME 15. Gustav Zoellner		MOTHER—MAIDEN NAME 16. Anne Sewing			
INFORMANT—NAME 17a. Melvin Zoellner			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Friedheim, Mo. 63747		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Uremia DUE TO, OR AS A CONSEQUENCE OF:					15 days
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) Cerebral Vascular accident DUE TO, OR AS A CONSEQUENCE OF:					3 yrs.
(c) Arteriosclerotic heart disease					5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a. no
					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b.	LOCATION (STREET OR P.F.D. NO., CITY OR TOWN, STATE) 20c.			
CERTIFICATION—PHYSICIAN 21a. I ATTENDED THE DECEASED FROM 6-23-60 TO 4-27-68		AND LAST SAW HIM/HER ALIVE ON 21c. 4-27-68	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did	DEATH OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO (a), TO THE CAUSE(S) STATED. 21e. 10:40 A	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					HOUR OF DEATH 22b. 10:40 A
THE DECEDENT WAS PRONOUNCED DEAD 22c. 4-27-68					YEAR 22d. 1968
CERTIFIER—NAME (TYPE OR PRINT) 23a. Dr. S. G. Legner		SIGNATURE 23b. <i>Stanley Legner MD</i>	DEGREE OR TITLE 23c. MD	DATE SIGNED (MONTH, DAY, YEAR) 23d. 4-29-68	
MAILING ADDRESS—CERTIFIER 23e. 22 S. Jackson Perryville Mo. 63773					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Imm. Lutheran		LOCATION 24c. Altenburg	CITY OR TOWN STATE 24d. Mo.	
DATE 24e. April 30, 1968					
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24f. Young & Sons 110 S. West, Perryville, Mo. 63775					
FUNERAL DIRECTOR—SIGNATURE 25b. <i>Earl G. Young</i>		REGISTRAR—SIGNATURE 25c. <i>Jos. Zoellner</i>		DATE RECEIVED BY LOCAL REGISTRAR 25d. April 30, 1968	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Clyde O. Hoercher

Licensed Embalmer No. 5394

P. O. Address Perryville, 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.