

FILED JUL 15 1969

124

STATE FILE NUMBER
69 0023903

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 317

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1 Andie Monroe Zey		2 Male	3 July 9 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	DATE OF BIRTH (MONTH, DAY, YEAR)
4 White		5a 74	6 Jan 6 1895
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b Jefferson City, Mo		7c Yes	7d Memorial Hospital
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8 Missouri		9 U.S.A.	10 Widowed
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12 491-24-2788A		13a Retired Machinest	13b Farm Machinery Operator
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
14a Missouri		14b Moniteau	14c California, Mo
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15 Adam Zey-(Deceased)		16 Minnie Ludwig-(Deceased)	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a Mrs John Peters		17b California, Mo -65018	
PART I DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
18 IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Acute Myocardial Infarction		1 1/2 hrs	
(b) Arteriosclerosis			
(c)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)	
		19a	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		19b	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a	20b	20c M. 20d	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e	20f	20g	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HIS ALIVE ON MONTH DAY YEAR
21a I ATTENDED THE DECEASED FROM 7/9/69	21b 7/9/69	21c 7/9/69	21d 7/9/69
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.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	
22a		22b 7/9/69	
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a Robert Baegert	23b Robert Baegert	23c M.D.	23d 7/11/69
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
23e 363 E. High	23f Jefferson City	23g Mo.	23h 65018
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATOR—NAME	LOCATION	CITY OR TOWN STATE
24a Burial	24b Evangelical Cemetery	24c California, Mo	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d 7/11/69	25a Bowlin Funeral Home-100 S. Oak	California, Mo-65018	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25b Jack H. Bowlin	25c Norma Miller	25d 7-12-69	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

CAUSE

CERTIFIER

BURIAL

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

9. 0
10a. 74
10b.
11. 0
12. 2
13. 410.9
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

JUL 16 1969

AUG 27 1969

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 A. Bowler

Licensed Embalmer No. 4933

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.