

FILED JUL 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

23453

Registration District No.

172

Primary Registration District No.

4270

Registrar's No.

42

## 1. PLACE OF DEATH:

(a) County Lafayette  
 (b) City or town Dover, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether  
 In this community All her life  
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth White Zeysong

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife George Zeysong Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased: May 18 1865  
(Month) (Day) (Year)8. AGE: Years 83 Months 1 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Lafayette County, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name William C. White  
 13. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Starke  
 15. Birthplace Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Varian Dysart(b) Address Higginsville, Mo.17. (a) Burial (b) Date thereof July 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dover18. (a) Signature of funeral director [Signature](b) Address Higginsville, Mo.19. (a) July 14 - 48 (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
 (c) City or town Dover  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

July, 6

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year 1948 hour \_\_\_\_\_ minute 10:00P21. I hereby certify that I attended the deceased from Dec. 26,  
1946, 19 \_\_\_\_\_, to July 6, 1948, 19 \_\_\_\_\_;that I last saw her alive on July 1, 1948, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death  
Coronary OcclusionDuration  
SuddenDue to Hypertension 10 yrs.Due to Chronic Myocarditis 10 yrs.Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy [Signature]

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Higginsville, Missouri Date signed 7-10-48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-22-48

JAN 3 1948

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Robert R. [Signature]

Licensed Embalmer No. 14284

P. O. Address Hopewell Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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