

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40492

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>64 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>422 Cooper St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>McCune-Brooks Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>BELLE</u> c. (Last) <u>ZANE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 1948</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 20, 1874</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>McDonald, Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>J. B. Gladden</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Zane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Gladden, 422 Cooper, Carthage</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>93N</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis (gangrene of toe)</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis</u>		years _____	
19a. DATE OF OPERATION <u>21 Dec '48</u>	19b. MAJOR FINDINGS OF OPERATION <u>gangrene of toe</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>18 Dec 48</u> , to <u>21 Dec 1948</u> , that I last saw the deceased alive on <u>21 Dec 1948</u> , and that death occurred at <u>8:43 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Henry B. Beard, M.D.</u>		23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>21 Dec 1948</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 23, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 23 1948</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>	

by 47. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
1
3

100
1
3
0

MS JUN 18 1959

DEC 22 1958

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.

Signed Robert H. Knell

Signed.....
Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage, 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 this body is not embalmed, fact should be so stated above.