

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9640

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6038		Registrar's No. 9			
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Mo. b. COUNTY Ripley 77					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flatwoods		c. LENGTH OF STAY (in this place) 28yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Flatwoods 0		d. STREET ADDRESS (If rural, give location) 5 miles E of Doniphan 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 1				d. STREET ADDRESS (If rural, give location) 5 miles E of Doniphan 2					
3. NAME OF DECEASED (Type or Print) Frank			a. (First)		b. (Middle) Zitnak		c. (Last)		
4. DATE OF DEATH 3 1 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH Oct 16, 1879		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Days 4	
5. SEX male 0		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Sintava, Hungary 8	
12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Joe Zitnak		13b. MOTHER'S MAIDEN NAME Sarah Hamala		14. NAME OF HUSBAND OR WIFE Mary Zitnak			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Joe Zitnak				ADDRESS Flatwoods, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Enlargement Dilated ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis Cranial Hemorrhage DUE TO (c) Paralysis right side II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death						INTERVAL BETWEEN ONSET AND DEATH 43 43	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7-10-1948, to 2-6-1949, that I last saw the deceased alive on 2-6-1949, and that death occurred at 3 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. Edw. Adamson, M.D.				23b. ADDRESS Doniphan Mo.			23c. DATE SIGNED 3-2-1949		
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/3/49		24c. NAME OF CEMETERY OR CREMATORY Bethany		24d. LOCATION (City, town, or county) (State) Ripley Co. Mo.			
DATE REC'D BY LOCAL REG. 3-2-1949		REGISTRAR'S SIGNATURE E. J. Johnson 277 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECEIVED . 3-3-49.

District Health Officer No. 5,

District File Number 349-191

Date Filed 3-21-49

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 _____
Student Embalmer

Signed Susan McCord

Licensed Embalmer No. 7079

P. O. Address Waynes, 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.