

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 507

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Peculiar Township		c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill	
c. LENGTH OF STAY (in this place) 6 mo.		d. STREET ADDRESS (If rural, give location) ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cass County Home			

3. NAME OF DECEASED a. (First) ZULLUTH b. (Middle) _____ c. (Last) Freeman-Thomas			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1950
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5. SEX Fe	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div	8. DATE OF BIRTH 2-7-1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 11 Days 22	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Pleasant Hill Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Smith	13b. MOTHER'S MAIDEN NAME Eunice Painter	14. NAME OF HUSBAND OR WIFE ✓
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Glen Thomas, Eldorado Kans.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid Arthritis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Sept. 15, 1948**, to **Jan. 29, 1950**, that I last saw the deceased alive on **Jan 29, 1950**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. S. Triplett, M.D. (Degree or title)	23b. ADDRESS Harrisonville Mo.	23c. DATE SIGNED 1-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-2-50	24c. NAME OF CEMETERY OR CREMATORY Baptist Cem.	24d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.
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DATE REC'D BY LOCAL REG. Jan 31, 1950	REGISTRAR'S SIGNATURE Laura J. Jones	25. FUNERAL DIRECTOR'S SIGNATURE Vergil Herriell	ADDRESS Pleasant Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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6170
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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

J. Virgil Herrick

Licensed Embalmer No. *3599*

P. O. Address *Pleasant Hill, Va.*

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.