S. No. 300
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FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5104

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 6da
d. FULL NAME OF HOSPITAL OR INSTITUTION: Independence San&Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 64054
d. STREET ADDRESS (If rural, give location): 615 N.Delaware D

3. NAME OF DECEASED (Type or Print): a. (First) Mrs EFFIE b. (Middle) MAE c. (Last) ZAUN

4. DATE OF DEATH (Month) (Day) (Year): Feb.5,1950

5. SEX: Female
6. COLOR OR RACE: Whit4e
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: JUNE 12,1870
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Warren Co. Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J.W. Sayler
13b. MOTHER'S MAIDEN NAME: Mary E. Clayton
14. NAME OF HUSBAND OR WIFE: Frank Zaun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs T.W. Wilson Indep,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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture rt. hip — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ E9030

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial failure — 20

19a. DATE OF OPERATION: 2 Feb 50
19b. MAJOR FINDINGS OF OPERATION: Fracture rt. hip (Intertrochanteric)
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Indep Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 30 50 7 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell on floor 120

22. *I hereby certify that I attended the deceased from* 30 Jan, 1950, *to* 5 Feb, 1950, *that I last saw the deceased alive on* 5 Feb, 1950, *and that death occurred at* 6 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Saunders MD
23b. ADDRESS: Independence
23c. DATE SIGNED: 2-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: FEB. 8, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
24d. LOCATION (City, town, or county) (State): K.C. Mo.

DATE REC'D BY LOCAL REG.: Feb 7-1950
REGISTRAR'S SIGNATURE: James L Craig
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ott & Mitchell Indep,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1 RECD

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 L. Marion Weir

Licensed Embalmer No. 3156

P. O. Address Indep. 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.