

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

342

State File No. ....

FILED FEB 4 1952

BIRTH NO. ....		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 97
c1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>ST. JOSEPH</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smith Nursing Home</b> <b>314-NORTH-10TH</b>		d. STREET ADDRESS (If rural, give location) <b>912 W. Valley Street</b>		
3. NAME OF DECEASED (Type or Print): a. (First) <b>SUSIE</b>		b. (Middle) <b>Malinda</b>	c. (Last) <b>ZOOK</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>January 25, 1952.</b>				
5. SEX <b>FEM</b>	6. COLOR OR RACE <b>WHT</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>February 3, 1871.</b>	9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home.</b>	11. BIRTHPLACE (State or foreign country) <b>Farmington, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jacob Sheets</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. Burch</b>	14. NAME OF HUSBAND OR WIFE <b>George Zook</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Prearrangement Records by self.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b> ANTECEDENT CAUSES <b>General Arterio-Sclerosis</b> DUE TO (b) <b>Senility</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Woman died suddenly in bed</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>5 yrs (est)</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Without a history of recent serious illness or disability</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>		
22. I hereby certify that I attended the deceased from <b>Jan 1/26, 1952</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:30 P.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>H. F. Mundy M.D. (Coroner)</b>		23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>1/26/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 29, 1952.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jan 28, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Caskey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter H. Weichner</b> ADDRESS <b>St. Joseph, Mo.</b>		

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

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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.....

*Charles E. Bennett*

Licensed Embalmer No. 4637

P. O. Address St. Joseph 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.