

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4092**
Registrar's No. **205**

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

0117
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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph.		c. LENGTH OF STAY (in this place) 2244-511-64	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2.		d. STREET ADDRESS (If rural, give location) 3726 Highland.	

3. NAME OF DECEASED (Type or Print) ZELLA	a. (First)	b. (Middle) MAY	c. (Last) TIT'S WORTH.	4. DATE OF DEATH (Month) (Day) (Year) 2-10-1952.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH 9-?-1885.	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR ?	IF UNDER 1 YEAR ?	IF UNDER 24 HRS. ?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch Board Operator	10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (State or foreign country) Henry County - Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph B. Bliggard	13b. MOTHER'S MAIDEN NAME Georgia Soyster.	14. NAME OF HUSBAND OR WIFE ✓
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Miss Blue Huey	ADDRESS 3726 Highland, K.C. Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac syncope.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial degeneration. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	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 **11-24-1951**, to **2-10-1952**, that I last saw the deceased alive on **2-9-1952**, and that death occurred at **7:20 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Harriet Thomas.	(Degree or title) M.D.	23b. ADDRESS State Hospital No. 2, St. Joseph, Mo.	23c. DATE SIGNED 2-10-1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-11-52	24c. NAME OF CEMETERY OR CREMATORY Kirksville College - Osteopathy	24d. LOCATION (City, town, or county) (State) Kirksville Mo.
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DATE REC'D BY LOCAL REG. Feb 23, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark	ADDRESS 120th Street
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By Maryway O.D.

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

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 Evan Clark

Licensed Embalmer No. 4238

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.