

MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7846

BIRTH NO.		REG. DIST. NO. 82	PRIMARY REG. DIST. NO. 3017	Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Peter + St. Paul Church		d. STREET ADDRESS (If rural, give location) 301 Seventh St. 0278			
3. NAME OF DECEASED (Type or Print) ESTELLA DWYER ZAHNINGER		a. (First)	b. (Middle)	c. (Last)	
4. DATE OF DEATH March 22, 1952		(Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried		8. DATE OF BIRTH Mar. 1, 1883	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales lady		10b. KIND OF BUSINESS OR INDUSTRY Women's wear		11. BIRTHPLACE (State or foreign country) Pilot Grove, Mo	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME William Dwyer		13b. MOTHER'S MAIDEN NAME Mary Meahan		14. NAME OF HUSBAND OR WIFE Joseph Zahninger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-07-0545		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. E. Rhodes - Boonville 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: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Patient fell due to above or fall as cause of death Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 027 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT ? (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Church steps		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville Cooper Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 22 52 8 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell to fall down church steps, legs broken examined at site of fall	
22. I hereby certify that I attended the deceased from 3/22, 1952, to 3/22, 1952, that I last saw the deceased alive on 3/22, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.					
23a. SIGNATURE W. Payne MD		(Degree or title)		23b. ADDRESS Boonville, Mo	
23c. DATE SIGNED 3/25/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 26, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter + St. Paul	
24d. LOCATION (City, town, or county) (State) Boonville, Mo					
DATE REC'D BY LOCAL REG. 3-25-52		REGISTRAR'S SIGNATURE J. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. W. Traker Boonville, Mo	

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

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APR 15 1907

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 B. W. Hacker

Licensed Embalmer No. 3944

P. O. Address Coonville, 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.