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FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17181

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5699 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avalon (Rural) Fair View Twp
c. LENGTH OF STAY (in this place) 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) John Appleberry home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avalon, Rural 0590
d. STREET ADDRESS (If rural, give location) John Appleberry Home 1 M. South Avalon.

3. NAME OF DECEASED (Type or Print)
a. (First) SARAH b. (Middle) ELIZABETH c. (Last) ZIRKLE

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 18, 1867

9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months 4 Days 2 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY same

11. BIRTHPLACE (State or foreign country) Bogard, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Patton Haynes

13b. MOTHER'S MAIDEN NAME Susan Daugherty

14. NAME OF HUSBAND OR WIFE C.W. Zirkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs John Appleberry, Avalon, Mo. ADDRESS

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. 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 4221

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1945 *to* May 20, 1952, *that I last saw the deceased alive on* May 1, 1952, *and that death occurred at* 2:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE A. Collier (Degree or title) M.D.

23b. ADDRESS Chillicothe Mo

23c. DATE SIGNED 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/22/1952

24c. NAME OF CEMETERY OR CREMATORY Avalon

24d. LOCATION (City, town, or county) (State) Avalon, Missouri

DATE REC'D BY LOCAL REG. 5-22-52

REGISTRAR'S SIGNATURE Frances B Neill 171-C

25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin, Tina, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri

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.