

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7984

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4027 Registrar's No. 21

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>                             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b> |  |
| b. CITY OR TOWN <b>Cassville</b>  | c. LENGTH OF STAY (in this place) <b>5 day</b> | c. CITY OR TOWN <b>Cassville</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cassville Community Hosp</b> |  | e. STREET ADDRESS (If rural, give location) <b>005<sup>th</sup></b>   |  |

|  |                               |  |   |  |  |  |                                |                                |   |  |  |
|--|-------------------------------|--|---|--|--|--|--------------------------------|--------------------------------|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>ZETTA</b>  |                               |  | a. (First) <b>GOLDSTEINE</b>                  |  |  | c. (Last)  |                                |                                | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 24, 1956</b> |  |  |
| 5. SEX <b>female</b>   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b> | 8. DATE OF BIRTH <b>Feb. 1, 1886</b>          |  |  | 9. AGE (In years last birthday) <b>70</b>  | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |   |  |  |
| 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>home</b> |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Barry County, Missouri</b> |                                |                                | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                       |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <b>Jeff Edens</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Hutchings</b> |  | 14. NAME OF HUSBAND OR WIFE <b>None</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>no</b>                         |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Josie Vanzandt-Cassville, Mo.</b> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b> |  |
|   |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Acute nephritis &amp; renal failure</b> |  | <b>10 days</b>                                    |  |
|   |  | DUE TO (c) <b>Recent acute upper respiratory infection</b>  |  | <b>6 wks</b>                                      |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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)<br><b>590X</b>                      |  |
| 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?  |  |

22. I hereby certify that I attended the deceased from Dec. 1, 1952, to 2-24, 1956, that I last saw the deceased alive on 2-24, 1956, and that death occurred at 7:20 a. m., from the causes and on the date stated above.

|                                   |  |                               |  |                                    |  |                                 |  |
|-----------------------------------|--|-------------------------------|--|------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <b>Mary Newman</b> |  | (Degree or title) <b>M.D.</b> |  | 23b. ADDRESS <b>Cassville, Mo.</b> |  | 23c. DATE SIGNED <b>3-20-56</b> |  |
|-----------------------------------|--|-------------------------------|--|------------------------------------|--|---------------------------------|--|

|   |  |                            |  |   |  |  |  |
|---|--|----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>2-26-1956</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Cassville, Missouri</b> |  |
|---|--|----------------------------|--|---|--|--|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <b>3-20-56</b> |  | REGISTRAR'S SIGNATURE <b>Grace Williams</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Margaret C. Hendest. Culver Funeral Home Cassville, 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.....  
Signature of Student Embalmer

Signed *Margaret C. Herbert*.....

Licensed Embalmer No. *43*.....

P. O. Address *Cassville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.