

25481

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 5814 Registrar's No. 15

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)	
a. COUNTY <u>Morgan</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	a. STATE <u>Missouri</u>	b. COUNTY <u>Morgan</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Versailles</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 S. W. Vers.</u>	Length of stay in 1b <u>Lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>10 M. S. W. Vers.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Nellie</u>	Middle <u>Elizabeth</u>	Last <u>Zwoneig</u>	Month <u>July</u>	Day <u>7</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 1, 1891</u>	9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Morgan Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13. FATHER'S NAME <u>Wiley Marriott</u>	14. MOTHER'S MAIDEN NAME <u>Pernettia Craig</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>
17. INFORMANT <u>Herbert Zwoneig</u> Address <u>Versailles, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Accidents</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>5 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio Sclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		DUE TO (c) <u>331X</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>3:30 a.</u> Month <u>July</u> Day <u>7</u> Year <u>1957</u>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	---	------------------------------	--------	-------

21. I attended the deceased from April 10, 1957 to July 7, 1957 and last saw her alive on July 3, 1957. Death occurred at 330 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. H. Hill</u>	22b. ADDRESS <u>M. S. Versailles Mo</u>	22c. DATE SIGNED <u>7/8/57</u>
--	---	--------------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>8 July 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ditchie Cemetery</u>	23d. LOCATION (City, town, or county) <u>Morgan Co., Mo.</u>	(State)
--	----------------------------	--	--	---------

24. FUNERAL DIRECTOR <u>W. J. Kidwell</u> ADDRESS <u>Versailles, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 10-1957</u>	26. REGISTRAR'S SIGNATURE <u>John L. Rippeger</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Raymond C. Carter*

Licensed Embalmer No. *46*

P. O. Address *Versailles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.