FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27870
STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bourbon Boone — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home — Length of stay in lb 7 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Bourbon — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 mi E + N of Bourbon — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Bertha Middle Oraella Last Zey
4. DATE OF DEATH Month Aug Day 12 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 3 1889
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Moniteau Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Cook
14. MOTHER'S MAIDEN NAME Mary Hildebrand
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John E. Zey Address Bourbon, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH ½ HR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial Asthma — YEARS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic Cardiovacular Disease 241X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 16 1956, to Aug 12-1957 and last saw her alive on Aug. 12 1957
Death occurred at 8:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert McCrawford M.D.
22b. ADDRESS Sullivan Missouri
22c. DATE SIGNED Aug 12 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 15-1957
23c. NAME OF CEMETERY ~~OR CREMATORY~~ I.O.O.F.
23d. LOCATION (City, town, or county) Sulliven (State) Mo

24. FUNERAL DIRECTOR Norman C. Greene ADDRESS Cuba Mo
25. DATE RECD. BY LOCAL REG. 8/13/57
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 21 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision:

Student.....
Signature of Student Embalmer

Signed Norman

Licensed Embalmer No. 46

P. O. Address Cuba

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.