

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010936
STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 26

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u> | | c. CITY OR TOWN <u>Perryville</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry County Mem. Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>423 Pine St.</u> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>Minerva</u> Last <u>Zahner</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>1958</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>April 6, 1874</u> | | 9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>3</u> IF UNDER 24 HRS.: Hours <u>3</u> Min. <u>4</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 | | 11. BIRTHPLACE (City and state or country) <u>Randolph County, Ill.</u> | | |
| 13a. FATHER'S NAME <u>Joseph Donnie</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>J.V. Zahner</u> | | |

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| 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. | | 17. INFORMANT Address <u>J.V. Zahner, Perryville, Mo.</u> | |
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| 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>Malignancy (3 Ca) of Sigmoid & metastases generalized</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 to 3 1/4</u> <u>1533</u> | | |
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| 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.) <u>0</u> | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | | | | | |

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|--|--|--|--|---|--|
| 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 <u>5-27-55</u> to <u>3-10-58</u> and last saw her alive on <u>3-10-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Last name or title) | | | | 22b. ADDRESS <u>Perryville, Mo.</u> | |
| 22c. DATE SIGNED <u>3-12-58</u> | | | | | |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>March 13, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u> | |
| 24. FUNERAL DIRECTOR <u>Albert Bey, Perryville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-12-58</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

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1-57
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 28 1958

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, ~~_____~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Albert Bey*.....

Licensed Embalmer No. *3766*.....
P. O. Address *Perryville, Pa*.....

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.