

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25894

State File No. _____

FILED JUL 20 1949

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give name and address) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washburn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wichita Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2-11-13</u>		d. STREET ADDRESS (If rural, give location) <u>Kenwood 15931 Kenwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZONA</u> b. (Middle) <u>MARTIN</u> c. (Last) _____		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>12-18-1868</u>		9. AGE (In years last birthday) <u>80</u> Months <u>6</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Widow</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record, Nevada</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile deterioration</u> DUE TO (c) <u>None</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>4500</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>None</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>11-7-1947</u> to <u>7-11-1949</u> , that I last saw the deceased alive on <u>7-11-1949</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. S. Hall MD</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>7-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-12-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Baldwin, Arab. Baldwin, Kans.</u>		24d. LOCATION (City, town, or county) (State) <u>Baldwin, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>July 16, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Travers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Funeral Home</u>		ADDRESS <u>Baldwin KANS</u>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

108

RECEIVED

District Health Officer No. 7,

District File Number 6.49.87-

Date Filed 7.19.49

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.

Signed _____

Paul Eichegger

Signed _____
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

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.