

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH33127
State File No. 1102

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1102</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2428 So. 14th St.</u>			
3. NAME OF DECEASED (Type or Print) <u>EDITH</u>		a. (First) <u>E.</u>		c. (Last) <u>ZACHARIAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 9 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 5, 1881</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mercer Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick Zacharias</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frederick Zacharias</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Noma (Gangrenous Stomatitis Lf. Jaw)</u> ANTECEDENT CAUSES DUE TO (b) <u>Liver and Kidney Abscess</u> DUE TO (c) <u>Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS <u>Probable Malignancy of Kidney</u> Conditions contributing to the death but not related to the disease or condition causing death. Nature as yet undetermined				INTERVAL BETWEEN ONSET AND DEATH <u>Ukn</u> <u>Ukn</u> <u>Ukn</u> <u>26.0X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>9-24-49</u> to <u>Oct 9, 1949</u> , that I last saw the deceased alive on <u>Oct 9, 1949</u> , and that death occurred at <u>7:52 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Jenkins</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>The Tootle Bldg. St. Joseph, Missouri</u>		23c. DATE SIGNED <u>10-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 13, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Jenkins</u>		ADDRESS <u>St. Joseph, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.