

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33448

State File No.

BIRTH NO.		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>33</u>	
1. PLACE OF BIRTH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY OR TOWN <u>Malden</u>		c. LENGTH OF STAY (In this place) <u>84 Yrs</u>		c. CITY OR TOWN <u>Malden</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 S. Beckwith</u>				d. STREET ADDRESS (If rural, give location) <u>205 S. Beckwith</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Zilpha</u>		b. (Middle) <u>Given</u>		c. (Last) <u>Goodnight</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>4</u>		(Year) <u>49</u>	
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>9-29-1865</u>	
9. AGE (In years last birthday) <u>84</u>		# UNDER 1 MONTH		# UNDER 1 YEAR		# UNDER 100 HRS	
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 (State or foreign country) <u>Malden, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>C. J. Rushing</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Rosenbaum</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. W. Schuman Malden, Mo.</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>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture, left hip</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#0</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Malden</u>		21d. (COUNTY) <u>Dunklin</u>	
21e. TIME OF INJURY <u>June 8, 1949 10:30 a.m.</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR? <u>Mixed a chair when she sat down</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1948</u> to <u>Nov 1949</u> , that I last saw the deceased alive on <u>Feb 1949</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Charles Williams M.D.</u>				23b. ADDRESS <u>Malden, Mo.</u>		23c. DATE SIGNED <u>5 Oct 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 19, 1949</u>		REGISTRAR'S SIGNATURE <u>J. G. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. G. Schuman</u>		ADDRESS <u>Malden, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 1
District Health Office
District File Number 1049
Date Filed

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.....
Student Embalmer

Signed

J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.