

FILED DEC-2 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 39885

BIRTH NO.

REG. DIST. NO.

333

PRIMARY REG. DIST. NO.

2074

Registrar's No.

154

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEKSTON</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u>		70
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dead on arrival at no Delta</u>			d. STREET ADDRESS (If rural, give location) <u>435 BRUSH PRIRIE</u>		
3. NAME OF DECEASED a. (First) <u>LOUE</u>		b. (Middle) <u>CORDELIA</u>	c. (Last) <u>ZACHARY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-3-1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov-7-1902</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</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 <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>JOHNSON, CO., ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>T. M. ADAMS</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE DEPOSIT</u>	14. NAME OF HUSBAND OR WIFE <u>A. B. ZACHARY</u>		
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. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. B. ZACHARY NEW MADRID, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN CYST, CEREBRUM, LEFT.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(STATUS <del>EPH</del> EPILEPTICUS</u>				<u>IDA.)</u>
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>223X</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)	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>NOV 3</u> , 19 <u>49</u> , to <u>DEAD ON ARRIVAL</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>    </u> , 19 <u>    </u> , and that death occurred at <u>    </u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Seleston, Mo.</u>		23c. DATE SIGNED <u>11-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 5-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LATHEN</u>	24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO.</u>		
DATE REC'D BY LOCAL REG <u>Nov 23-49</u>	REGISTRAR'S SIGNATURE <u>424 Mrs Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards and Co. New Madrid</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 28  
District Health Office  
District File Number 1149-1  
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 *L. H. Hodgson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.