

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40437

|   |  |  |            |   |             |  |                |   |  |
|---|--|--|------------|---|-------------|--|----------------|---|--|
| BIRTH NO.   |  | REG. DIST. NO. 53  |            | PRIMARY REG. DIST. NO. 3010   |             | Registrar's No. 426  |                |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Cape Girardeau   |  |  |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Cape Girardeau   |             |  |                |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau   |  | c. LENGTH OF STAY (If in place) 45 yrs   |            | c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau   |             | 16   |                |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION at Home 1   |  |  |            | d. STREET ADDRESS (If rural, give location) 1113 Perry Ave  |             |  |                |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) ZELMA  |  |  | a. (First) |   | b. (Middle) |  | c. (Last) HOOD |   |  |
| 4. DATE OF DEATH Dec 17 1949  |  | 5. SEX Female  |            | 6. COLOR OR RACE white  |             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed                   |                | 8. DATE OF BIRTH April 15 - 1868  |  |
| 9. AGE (In years last birthday) 81  |  | IF UNDER 1 YEAR Months 2   |            | IF UNDER 12 HRS. Days   |             | IF UNDER 12 MINS. Mins.  |                | 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housework                   |  |
| 10b. KIND OF BUSINESS OR INDUSTRY Own Home  |  | 11. BIRTHPLACE (State or foreign country) Bloomfield, Mo   |            | 12. CITIZEN OF WHAT COUNTRY USA   |             | 13a. FATHER'S NAME Unknown   |                | 13b. MOTHER'S MAIDEN NAME Mary Whiteley   |  |
| 14. NAME OF HUSBAND OR WIFE   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |            | 16. SOCIAL SECURITY NO.   |             | 17. INFORMANT'S SIGNATURE OR NAME Chas. Hood                                     |                | ADDRESS Cape Girardeau  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture left hip<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rectal - vaginal - vesical fistula<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Decubitus |             |  |                | INTERVAL BETWEEN ONSET AND DEATH<br>2 1/2 mos<br><br>9040<br>21<br>8<br>2 mos                                     |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION as above  |            |   |             | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fall at home  |            | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau, Cape Girardeau Mo   |             | 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 28 1949 a.m.                |                | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |
| 21f. HOW DID INJURY OCCUR Fall at home  |  | 22. I hereby certify that I attended the deceased from Sept 28, 1949, to Dec 17, 1949, that I last saw the deceased alive on Dec 17, 1949, and that death occurred at 1:50 a.m., from the causes and on the date stated above. |            |   |             |  |                |   |  |
| 23a. SIGNATURE R.C. Pitter, M.D.  |  |  |            | 23b. ADDRESS Cape Girardeau Mo  |             | 23c. DATE SIGNED 12-19-49  |                |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE Dec 18 - 1949  |            | 24c. NAME OF CEMETERY OR CREMATORY Dexter   |             | 24d. LOCATION (City, town, or county) (State) Dexter Mo                          |                |   |  |
| DATE REC'D BY LOCAL REG. 12-19-1949   |  | REGISTRAR'S SIGNATURE C.C. Summers   |            | 25. FUNERAL DIRECTOR'S SIGNATURE J.L. Howell  |             | ADDRESS Cape Girardeau Mo  |                |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

12-27-49  
OFFICE No. 4  
INVOICE 1249-1  
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

*Boyd B. Willis*

Signed

Student Embalmer

Licensed Embalmer No.

*4603*

P. O. Address

*Cape Girardeau, 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.