S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13363

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1729

1. PLACE OF DEATH
a. COUNTY: JACKSON COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, MO.
c. LENGTH OF STAY (In this place): 3 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 620 E. 9th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WEST LINE
b. COUNTY: MO-CASS CO. 0140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TOWN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CASSIE
b. (Middle): LORENE
c. (Last): ZION

4. DATE OF DEATH (Month) (Day) (Year): 4 13 50

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: 2/29/1868
9. AGE (In years last birthday): 82 — If under 1 year: Months 1 Days 14 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: TIGHLMAN DALE
13b. MOTHER'S MAIDEN NAME: SARAH JANE BAUCHART
14. NAME OF HUSBAND OR WIFE: HENRY FRANCIS ZION

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: M. FLOYD SIMS WEST LINE, MISSOURI

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CEREBRAL HEMORRHAGE — 4 MO. AGO.
DUE TO (c): SENILITY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/11, 1950, *to* Death, 19__, *that I last saw the deceased alive on* 2/15, 1950, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. M. OSGOOD, M. D.
23b. ADDRESS: 915 Professional Bldg. Kansas City, Mo.
23c. DATE SIGNED: 4/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: April 14, 1950
24c. NAME OF CEMETERY OR CREMATORY: GLENN WILD
24d. LOCATION (City, town, or county) (State): 2 Miles North West Line, Mo.

DATE REC'D BY LOCAL REG.: 4-13-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Geo E Meyers Cleveland Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Leo E Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.