

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15759

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 123
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		
		d. STREET ADDRESS (If rural, give location) <u>803 Missouri</u>		
3. NAME OF DECEASED (Type or Print) <u>Zillah</u>		a. (First) <u>Zillah</u>	b. (Middle) <u>Squires</u>	c. (Last) <u>Squires</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>Dec 12, 1883</u>		9. AGE (In years last birthday) <u>66</u>		10. AGE (In years) <u>4</u> MONTHS <u>23</u> DAYS
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Butler Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Farror</u>		14. NAME OF HUSBAND OR WIFE <u>A.M. Squires</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A.M. Squires</u> ADDRESS <u>MACON MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		DUE TO (b) <u>Thyroid Crisis</u>		?
DUE TO (c) <u>Toxic Adenomatous Goiter</u>				?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular fibrillation</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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>+ + +</u>
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? <u>2520</u>
22. I hereby certify that I attended the deceased from <u>Apr. 30, 1950</u> to <u>May 5, 1950</u> , that I last saw the deceased alive on <u>May 5, 1950</u> and that death occurred at <u>3:25 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A.T. Rhoads D.O.</u> (Degree or title)		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>5-5-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>
24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-5-50</u>		REGISTERAR'S SIGNATURE <u>Kate Lambert</u>
		25. GENERAL DIRECTOR'S SIGNATURE <u>A. Stephens</u>		ADDRESS <u>Macon Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0961

7 NOV

RECEIVED MAY 16 1950

Health Officer No. 1

File Number 5-38-83

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 *Charles L. Helton*

Student Embalmer

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.