

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36028

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 1  |  | PRIMARY REG. DIST. NO. 3000  |  | Registrar's No. 330   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Adair  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MO b. COUNTY Adair |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville   |  | c. LENGTH OF STAY (In this place) 43yrs   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville                              |  | 0 13<br>0   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O.S.  |  |   |  | d. STREET ADDRESS Kirksville   |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lena   |  | b. (Middle)   |  | c. (Last) Zucchi   |  | 4. DATE OF DEATH (Month) (Day) (Year) Nov 20 1950                     |  |
| 5. SEX Fem  |  | 6. COLOR OR RACE W  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married   |  | 8. DATE OF BIRTH Aug. 10, 1882  |  |
| 9. AGE (In years last birthday) 68  |  | 10. UNDER 1 YEAR Days 3   |  | 11. UNDER 2 HRS. Hours 10  |  | 12. CITIZEN OF WHAT COUNTRY? USA                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife   |  | 10b. KIND OF BUSINESS OR INDUSTRY housewife   |  | 11. BIRTHPLACE (State or foreign country) Milan, Italy 5   |  | 12. CITIZEN OF WHAT COUNTRY? USA                                      |  |
| 13a. FATHER'S NAME Zilliano Domenic   |  |   | 13b. MOTHER'S MAIDEN NAME Tolothny, Mary |  |  | 14. NAME OF HUSBAND OR WIFE Tony Zucchi                               |  |
| 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. unk   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tony Zucchi Kirksville, MO   |  |   |  |
| 18. CAUSE OF DEATH 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, asthma, etc. It means the disease, injury, or complication which caused death.                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cryptonecrotic Gastritis</u><br>DUE TO (c) <u>Cirrhosis of liver</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |   |  |
| 19a. DATE OF OPERATION none   |  | 19b. MAJOR FINDINGS OF OPERATION none   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 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) none m.   |  | 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>10:45 to Nov 20, 1950</u> , that I last saw the deceased alive on <u>Nov 20, 1950</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>   |  |   |  | 23b. ADDRESS <u>D.O.P. Kirksville MO</u>   |  | 23c. DATE SIGNED <u>12-1-50</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) 1) burial   |  | 24b. DATE Nov. 22, 50   |  | 24c. NAME OF CEMETERY OR CREMATORY Highland  |  | 24d. LOCATION (City, town, or county) (State) Kirksville MO           |  |
| DATE REC'D BY LOCAL REG. 12-4-50  |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> Davis Funeral Home Kirksville MO                         |  |   |  |

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

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Date Received: DEC 12 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-2  
Date Filed: DEC 12 1950

**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 \_\_\_\_\_

*Donald Roberts*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4722

P. O. Address Pikeville 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.