

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37973

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4406</u> Registrar's No. <u>376</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hughesville Rural</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hughesville Rural</u>		<u>0700</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>			d. STREET ADDRESS (If rural, give location) <u>Route 1</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Zinn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 27, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>
IF UNDER 4 HRS. Hours <u> </u> Min. <u> </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>Home-making</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nathan Underwood</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Heffner</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Zinn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Walter Scott, Hughesville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Brights Dis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 2/3</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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>1944</u> , to <u>Nov 30</u> , 1950, that I last saw the deceased alive on <u>Nov 16</u> , 1950, and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Boger M.D.</u>			23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>12-1-50</u>
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>12/2/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Saline County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/2/50</u>	REGISTRAR'S SIGNATURE <u>R. Campbell</u>	FURNERAL DIRECTOR'S SIGNATURE <u>W. A. ...</u>	ADDRESS <u>Sedalia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 38
10.48
Hughesville
Route 1
800

RECEIVED

12-17-50

DISTRICT HEALTH OFFICE No. 3

JAN 4 1951

District File Number _____

Date Filed 12-11-50

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.

Student _____
Student Embalmer

Signature *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.