

FILED MAY 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11426

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 116	
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>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KIRKSVILLE</u>		c. LENGTH OF STAY (In this place) <u>57 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MILAN (Rural)</u>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grims Smith Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Liberty Twp.</u>			
3. NAME OF DECEASED a. (First) <u>ZULAH</u>		b. (Middle) <u>JUNE</u>		c. (Last) <u>STEELE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 30, 1905</u>	
9. AGE (In years last birthday) <u>45</u>		10. MONTHS <u>9</u>		11. DAYS <u>26</u>		12. HOURS <u>12</u> MIN. <u>0</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 _____		11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLIE DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE BELLE GREEN</u>		14. NAME OF HUSBAND OR WIFE <u>GLENN W. HAIN</u>		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 <u>Glenn Steele</u>		17. ADDRESS <u>Milan Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				185x	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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>MAR 1, 1951</u> , to <u>April 26, 1951</u> , that I last saw the deceased alive on <u>April 24, 1951</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. Hudson</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>4-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4/28/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Sullivan 126</u>	
DATE REC'D BY LOCAL REG. <u>4-29-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u>		ADDRESS <u>Milan Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

2013
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Date Received: MAY 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-868
Date Filed: MAY 8 1951

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.....
Student Embalmer

Signed..... *Dwight Schaeve*

Licensed Embalmer No. *2667*

P. O. Address *Milan 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.