

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32616**
Registrar's No. **1128**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE Mo b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Richmond 0891	
c. LENGTH OF STAY (In this place) 3 1/2 Mo		d. STREET ADDRESS (If rural, give location) East-Lexington St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2			

3. NAME OF DECEASED (Type or Print)	a. (First) JANNE	b. (Middle) MA	c. (Last) CLARK	4. DATE OF DEATH (Month) (Day) (Year) 11-2-1951
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5. SEX Female	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 14, 1893	9. AGE (In years last birthday) 58	If UNDER 1 YEAR Months Days	If UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? America		

13a. FATHER'S NAME John Zuklin	13b. MOTHER'S MAIDEN NAME Marie Kopesky	14. NAME OF HUSBAND OR WIFE Not given
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Nil	17. INFORMANT'S SIGNATURE OR NAME Minnie Jackson	ADDRESS Richmond Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs many years 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Huntingtons chorea DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 355X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1, 1951**, to **11-2, 1951**, that I last saw the deceased alive on **11-1, 1951**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. Gossins (Degree or title)	23b. ADDRESS State Hospital #2 St Joseph Mo	23c. DATE SIGNED 11-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-2-1951	24c. NAME OF CEMETERY OR CREMATORY Sherry Hope	24d. LOCATION (City, town, or county) (State) Richmond Mo
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DATE REC'D BY LOCAL REG. Nov 3, 1951	REGISTRAR'S SIGNATURE Carl C. Casler	25. FUNERAL DIRECTOR'S SIGNATURE Great Falls Funeral Home	ADDRESS Richmond Mo
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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

Signed E. F. White

Licensed Embalmer No. 4168

P. O. Address Richmond, 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.