

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32183**

No. 30 OCT 14 1952

10-48

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4283 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EWING		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EWING 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) MINNIE	a. (First)	b. (Middle) ZUSPANN	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct 1 - 1952
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 14, 1878	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 12 Hrs. Hours	# UNDER 12 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Quincy, Ill.		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME LORD LYNN MEYER	13b. MOTHER'S MAIDEN NAME WILAMEINA OCEAN	14. NAME OF HUSBAND OR WIFE -	
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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. 70	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sylvia R. Welsh - Ewing, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEVERAL MEMORABLE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION & DIABETES DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9:30 AM	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 9/28, 1952, to 10/1, 1952, that I last saw the deceased alive on 9/30, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. F. Collins, M.D. (Degree or title)	23b. ADDRESS La Grange, Mo	23c. DATE SIGNED 10/2/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 3-52	24c. NAME OF CEMETERY OR CREMATORY Queen of Peace	24d. LOCATION (City, town, or county) (State) Ewing, Mo
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DATE REC'D BY LOCAL REG. 10-7-52	REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ball Ewing, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 23 1953

OCT 27 1952

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 _____

Lewis Martin Crabill

Student Embalmer No. *450*

working under my personal supervision.

Student *Lewis Martin Crabill*
Student Embalmer

Signed *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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.