FILED NOV 24 1952

S. No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37618

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5094 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Osage twnp.
c. LENGTH OF STAY (In this place): Instant
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile N of Rich Hill on Hwy 71

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 0201
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldorado Springs
d. STREET ADDRESS (If rural, give location): Eldorado Springs

3. NAME OF DECEASED (Type or Print)
a. (First): Thelma
b. (Middle):
c. (Last): Zinn

4. DATE OF DEATH (Month) (Day) (Year): 11-13-52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-30-1902
9. AGE (In years last birthday): 50 — If under 1 year: Months 2, Days 13, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Atchison, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Carl Lee
13b. MOTHER'S MAIDEN NAME: Quida Beckley
14. NAME OF HUSBAND OR WIFE: Albert Zinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Albert Zinn — **ADDRESS**: Eldorado Springs, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar fracture — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull fracture
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Dead on arrival — 007 E8224 32
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi Way 71
21c. (CITY, TOWN, OR TOWNSHIP): Rich Hill — **(COUNTY)**: Bates — **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov-13-52 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car turned over - killed instantly

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John G Underwood (Degree or title): Coroner
23b. ADDRESS: Butler Mo
23c. DATE SIGNED: 11-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-14-52
24c. NAME OF CEMETERY OR CREMATORY: Russell, Kansas
24d. LOCATION (City, town, or county) (State): Russell Kansas

DATE REC'D BY LOCAL REG.: 11-21-1952
REGISTRAR'S SIGNATURE: Mrs. Edna Douglass
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Booth Funeral Home, Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1953

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 Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.