

No. 300 FILED DEC 30 1952
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43036
Registrar's No. 396

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) 1606 S. Stewart	
3. NAME OF DECEASED a. (First) Blanche b. (Middle) W. c. (Last) Zahringer			4. DATE OF DEATH (Month) (Day) (Year) Dec 20, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1885
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 23
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) Pilot Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph T. White	
13b. MOTHER'S MAIDEN NAME Elizabeth Bohanon		14. NAME OF HUSBAND OR WIFE John Zahringer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Keith Zahringer, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cord Hemiplegia DUE TO (c) Hypertension 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 331X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <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 _____, 1945, to Dec 20, 1952, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE M-L Walter M.D. (Degree or title)		23b. ADDRESS Sedalia Mo	
23c. DATE SIGNED 12-22-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/23/52	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY/LOCAL REG. 12/22/52		REGISTRAR'S SIGNATURE W. Campbell M.D. Sedalia, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo.	

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

0804

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MS MAR 25 1960
JUL 15 1955

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Hedalia 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.