

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10311
03V1135

FILED MAR 30 1953

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. 3025	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) OR Carthage		c. LENGTH OF STAY (In this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			d. STREET ADDRESS (If rural, give location) 1043 S. Garrison		
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) HAMILTON		c. (Last) ZANE	
5. SEX male		6. COLOR OR RACE white		4. DATE OF DEATH March 17, 1953	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired salesman		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 25, 1868	
10b. KIND OF BUSINESS OR INDUSTRY creamery		9. AGE (In years last birthday) 84		11. BIRTHPLACE (City and State or Foreign Country) Menard County, Ill.	
13a. FATHER'S NAME James S. Zane		13b. MOTHER'S MAIDEN NAME Rachel Purvines		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		14. NAME OF HUSBAND OR WIFE Emma LeMasters Zane	
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 1. 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) Cerebral arteriosclerosis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella Calhoun, 1043 Garrison, Carthage, Mo. INTERVAL BETWEEN ONSET AND DEATH 10 days - years -
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7-26, 1951, to 3/17, 1953, that I last saw the deceased alive on 3/16, 1953, and that death occurred at 1002 m., from the causes and on the date stated above.					
23a. SIGNATURE Charles R. Schell M.D.			23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 3/17/53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 19, 1953		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	
24d. LOCATION (City, town, or county) Carthage, Missouri		24e. DATE REC'D BY LOCAL REG. 3-19-53		24f. REGISTRAR'S SIGNATURE L.B. Clinton M.D.	
24g. DATE REC'D BY LOCAL REG. 3-19-53		24h. REGISTRAR'S SIGNATURE L.B. Clinton M.D.		24i. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	
24j. ADDRESS Carthage, Mo.		24k. ADDRESS Carthage, Mo.		24l. ADDRESS Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0493

RECEIVED 3-27-53

Jasper County Health Office

County File Number 53/3/280

Date Filed 3-27-53

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 A. Kneel

Licensed Embalmer No. 4459

P. O. Address Carthage

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.