

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42446

State File No. \_\_\_\_\_

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5338 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lincoln</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0200</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <u>MARJORIE KERR ZONE</u> a. (First) <u>MARJORIE</u> b. (Middle) <u>KERR</u> c. (Last) <u>ZONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-1953</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	
8. DATE OF BIRTH <u>Dec-10-1885</u>			9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____
11. BIRTHPLACE (State or foreign country) <u>Salina, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____

13a. FATHER'S NAME <u>Duncan M. Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Anna King Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Abe Zone</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Homewood</u> ADDRESS <u>Luray, Kansas</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Brain aneurysm</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mi</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u>			
		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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4201</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 12-25, 1953, to 12-25, 1953, that I last saw the deceased alive on 12-28, 1953, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. J. Bailey</u>		23b. ADDRESS <u>Do Y. Wilburn, Mo</u>		23c. DATE SIGNED <u>Jan 6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gulson Hill Cem.</u>	
24d. LOCATION (City, town, or county) <u>Salina, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u>		ADDRESS <u>Urban, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-7-54</u>		REGISTRAR'S SIGNATURE <u>Ernest Peters</u>		89	

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

MAR 17 1934

**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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Ill.

**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.