

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24059**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3007** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salisbury 0210</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>709 Poplar St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Zadie</b> b. (Middle) <b>Stella</b> c. (Last) <b>Hoette</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 11 1954</b>		
--	--	--	--	--	--

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 23-1881</b>		9. AGE (In years last birthday) <b>73</b>		10. MONTHS <b>73</b>		11. DAYS <b>73</b>		12. HOURS <b>73</b>		13. MINUTES <b>73</b>	
----------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	----------------------	--	--------------------	--	---------------------	--	-----------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Salisbury Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
--	--	--	---	--	--	--	--	--	---	--	--

13a. FATHER'S NAME <b>Orlando Lusher</b>			13b. MOTHER'S MAIDEN NAME <b>Virenda Best</b>			14. NAME OF HUSBAND OR WIFE <b>Tony Hoette</b>		
--	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs Jesse Luide Johnson 117 Stewart K.C. Kansas</b>		
--	--	--	-------------------------------------	--	--	--	--	--

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) <b>Hypostatic PNEUMONIA</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 day</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of stomach</b>						<b>6 mo.</b>	
		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 <b>151X</b>						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) (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 **JULY 11, 1954**, to **JULY 11, 1954**, that I last saw the deceased alive on **JULY 11, 1954**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. Noel Raines D.O.</b>		23b. ADDRESS <b>Clinton Hill</b>		23c. DATE SIGNED <b>7-12-54</b>	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/13/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Salisbury Mo</b>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>7/13/54</b>		REGISTRAR'S SIGNATURE <b>26980</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Chas B Winkelman Salisbury Mo</b>	
---	--	------------------------------------	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Chas B Winkelmeier*

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.