

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36467

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>5063</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Barton City Twsp.</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Barton City Twsp. 2060</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Arcadia, Kansas RFD #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZELPHIA</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>HOOVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 27 1890</u>		9. AGE (In years) (Last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Hartville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William Rodgers</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Chambers</u>		14. NAME OF HUSBAND OR WIFE <u>Ramie L. Hoover</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ramie L. Hoover, Arcadia, Kansas, R#1</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Carcinoma Right Lung</u> <u>from right breast</u> ANTECEDENT CAUSES (b) <u>Metastases + Axillary Lymph Nodes - 3 yrs.</u> DUE TO (c) <u>Infiltrative Anaplastic Carcinoma - 3 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS (d) <u>Pulmonary Fibrosis - 2 yrs.</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 Mos.</u>	
19a. DATE OF OPERATION <u>3-28-53</u>		19b. MAJOR FINDINGS OF OPERATION (Previous operations) <u>Removal of Lymphatic tissue &amp; Pect. Major 14.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Scirr house</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>170 X</u>			
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 <u>Mar. 18, 1953</u> , to <u>Nov. 10, 1954</u> , that I last saw the deceased alive on <u>Nov 9, 1954</u> , and that death occurred at <u>2:05p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>M. H. Kneeland D.O.</u>				23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>11-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 13 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Everton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 14 1954</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0060

**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

*Norman Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamar, 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.