

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43385

State File No.

FILED JAN 26 1955

| | | | | | | | |
|--|--|---|--|---|--|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>299</u> | | PRIMARY REG. DIST. NO. <u>5027</u> | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jackson</u> | | c. LENGTH OF STAY (in this place) <u>50 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jackson</u> <u>0900</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi So. of Corridon</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles south of Corridon</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Antonette</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Zigas</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1954</u> | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Aug. 15, 1884</u> | |
| 9. AGE (in years - last birthday) <u>70</u> | | 10. 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>at home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lithuania 6</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles Zigas</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>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stanley Zigas, Corridon, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy (myocardial regeneration)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis (cerebral & generalized)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>332X</u> | | | | 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 <u>July</u> , 19 <u>50</u> , to <u>Dec 26, 1954</u> , that I last saw the deceased alive on <u>Dec 26, 1954</u> , and that death occurred at <u>1:15A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Kenneth T Carter</u> | | | | 23b. ADDRESS <u>Do Ellington Mo</u> | | 23c. DATE SIGNED <u>Dec 29</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/28/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds-Corridon Cem,</u> | | 24d. LOCATION (City, town, or county) (State) <u>Reynolds, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1/22/55</u> | | REGISTRAR'S SIGNATURE <u>D. C. M. Fitzpatrick</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton, Mo.</u> <u>Randy White</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1955
6
0900

JAN 23 1954

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 Ruel J. White

Licensed Embalmer No. 3012

P. O. Address Sanctus Inc

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.