

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4146**

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **122**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ROLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENNON	
c. LENGTH OF STAY (In this place) 6 DAYS		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) THERESA	b. (Middle) ANNA	c. (Last) ZAWEC	4. DATE OF DEATH (Month) (Day) (Year) 2-6-1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-28-1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWF.	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) QUINCY ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN B. GLASS	13b. MOTHER'S MAIDEN NAME ANNA M. OHENEMUS	14. NAME OF HUSBAND OR WIFE JOHN ZAWEC	WUTESVILLE RR. 1. MO.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN E. ZAWEC	RR. 1 ADDRESS WUTESVILLE, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic obstructive cardiac vascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Lymphedema legs, bilateral		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **31 Jan**, 19**55**, to **6 Feb**, 19**55**, that I last saw the deceased alive on **6 Feb**, 19**55**, and that death occurred at **P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. W. M. J. M.D.	23b. ADDRESS Cap. Guardian M	23c. DATE SIGNED 10 Feb 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-9-1955	24c. NAME OF CEMETERY OR CREMATORY GLENNON CEM.	24d. LOCATION (City, town, or county) (State) GLENNON MO.
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DATE REC'D BY LOCAL REG. 2-21-55	REGISTRAR'S SIGNATURE T. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE PAKER FUNERAL HOME	ADDRESS WUTESVILLE, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 5 1955

APR 2 1955

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.