

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7366

314

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) Most of life		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 708 North 4th Street				e. STREET ADDRESS (If rural, give location) 708 North 4th Street			
3. NAME OF DECEASED (Type or Print) CORRA		a. (First) CORRA		b. (Middle) M		c. (Last) ZENCKER	
4. DATE OF DEATH (Month) (Day) (Year) March 22 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 28, 1877		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and State or Foreign Country) Pella Iowa	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sherman Alonzo Zencker (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Public Administrator St. Joseph, Mo.			
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>Third and Fourth degree burns of entire body</u> ANTECEDENT CAUSES Mortbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Woman was burned to death in her two room basement apartment where she lived alone at 708 North 4th Street.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> E 9160 160	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 22 1955 9:40	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? House Fire				131	
22. I hereby certify that I attended the deceased from 3/22, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy (Coroner)		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 3/22/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery		24d. LOCATION (City, town, or county) (State) Graham Missouri	
DATE REC'D BY LOCAL REG. March 28, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		485-5		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stammy Funeral Home St. Joseph, Mo.	

(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.....
Signature of Student Embalmer

Signed.....*Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.