

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. **7366**
 Registrar's No. **314**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) Most of life	c. CITY OR TOWN St. Joseph
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) a. (First) CORA	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	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY 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 unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Public Administrator ADDRESS 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third and Fourth degree burns of entire body		1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		E 916.0 160	
DUE TO (c) Woman was burned to death in her two room basement apartment where she lived alone at 708 North 4th Street.			
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	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

22. I hereby certify that I ~~announced~~ the deceased from **3/22**, 19**55**, 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) (Degree or title) 3	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-	25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home ADDRESS 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.