

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21270**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **771**

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 0	c. LENGTH OF STAY (In this place) Lifetime	c. CITY OR TOWN St. Joseph	d. 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 St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 2824 S. 17th Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) F.	c. (Last) Zebroek	4. DATE OF DEATH (Month) (Day) (Year) July 25, 1955
-------------------------------------	--------------------------	-----------------------	--------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH December 5, 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator	10b. KIND OF BUSINESS OR INDUSTRY Hat And Cap Factory	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	--

13a. FATHER'S NAME Herman Zebroek	13b. MOTHER'S MAIDEN NAME Anna Gonskoph	14. NAME OF HUSBAND OR WIFE None
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-10-1575	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jack Birchell	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		?
	ANTECEDENT CAUSES DUE TO (b) Cancer of right ovary Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X			

19a. DATE OF OPERATION 8/10/54	19b. MAJOR FINDINGS OF OPERATION Carcinomatosis, cancer, rt. ovary.	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) (Min.)	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 Aug. 6, 1954, to July 25, 1955, that I last saw the deceased alive on July 25, 1955, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willis P. McDonald M. D.	23b. ADDRESS 301 N. 8th St., St. Joseph, Mo.	23c. DATE SIGNED 7/27/55
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. Aug. 4, 1955	REGISTRAR'S SIGNATURE Ethel M. Allison 4857	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer & Leaman, Inc.	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. *Albert B. Harrington*.....

Licensed Embalmer No...3258.

P. O. AddressSt. Joseph.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F
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.