

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39367**

FILED NOV 21 1955

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **223**

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| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) Marshall | | c. CITY OR TOWN Sweet Springs | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 1 hr. | | e. STREET ADDRESS (If rural, give location) 409 S. Locust | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) JOSEPHINE | b. (Middle) NONE | c. (Last) ZINK | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1955 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 4, 1869 | 9. AGE (In years last birthday) 86 | If UNDER 1 YEAR: Months _____ Days _____ | 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) House Wife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Herndon, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME James Riggins | 13b. MOTHER'S MAIDEN NAME Eliza Henley | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs W. H. Malott | ADDRESS Marshall, 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, 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) Pneumonia Pulmonary Edema. | DUE TO (b) Cardiac fibrillation | 6 hrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic myocarditis | Bronchopneumonia | 5 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 24 hrs. |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4222 | 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) |
| 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 11-13, 1955, to 11-13, 1955, that I last saw the deceased alive on 11-13, 1955, and that death occurred at 9:40 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Paul Roberts M.D. | 23b. ADDRESS Sweet Springs, Mo. | 23c. DATE SIGNED 11-15-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 15, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cem. | 24d. LOCATION (City, town, or county) (State) Herndon, Missouri |
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| DATE REC'D BY LOCAL REG. 11-15-55 | REGISTRAR'S SIGNATURE Cecil A. Neal Deputy | 25. FUNERAL DIRECTOR'S SIGNATURE Harry Herschbeger | ADDRESS Marshall, Mo |
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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 Joseph R. Mack
Licensed Embalmer No. 45

P. O. Address Marshall

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.