

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39528**

FILED NOV 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4551** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Mountain Grove</b>	c. LENGTH OF STAY (in this place) <b>56</b>	c. CITY OR TOWN <b>Mountain Grove</b>	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 <b>503 S. Main Street</b>		e. STREET ADDRESS (If rural, give location) <b>503 S. Main Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Carrie</b>	b. (Middle)	c. (Last) <b>Zongker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10/27/1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11/19/1880</b>	9. AGE (In years last birthday) (Months) (Days) <b>74 11 8</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Green Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>W.C. Sanders</b>	13b. MOTHER'S MAIDEN NAME <b>Emily Wise</b>	14. NAME OF HUSBAND OR WIFE <b>Barth Zongker (deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bartha Dennis, Mtn Grove, Mo</b>	ADDRESS <b>Mtn Grove, Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1954</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Hypertension</b>		
	DUE TO (c) <b>Coronary Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>H201</b>			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from **12-12-1953**, to **Oct 27, 1955**, that I last saw the deceased alive on **Oct 24, 1955**, and that death occurred at **10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Bill Connor M.D.</b>	23b. ADDRESS <b>Mountain Grove Mo</b>	23c. DATE SIGNED <b>10-31-55</b>
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24a. BURIAL - CREMATION - REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/30/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest, Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mtn. Grove, Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-4-55</b>	REGISTRAR'S SIGNATURE <b>A.B. Ames</b>	348-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>George Stoff</b> ADDRESS <b>Mtn. Grove, Mo</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 1155-123  
Date Filed NOV 15 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.....  
Signature of Student Embalmer

Signed..... *George Stapp*

Licensed Embalmer No. 316

P. O. Address Mt. Grove, Pa.

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.