.300
.48

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

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16024

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 495-B

1. PLACE OF DEATH
a. COUNTY GREENE 0396
b. CITY OR TOWN SPRINGFIEAD (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BURGE Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 425 S MARSHALL 1120

3. NAME OF DECEASED (Type or Print) a. (First) ZOURILDA b. (Middle) ALEXANDER c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1956

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED **8. DATE OF BIRTH** JUNE 15 1885 **9. AGE** (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY ____
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME HENRY KING
13b. MOTHER'S MAIDEN NAME ELIZABETH WAITE
14. NAME OF HUSBAND OR WIFE Hurs[redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ____
17. INFORMANT'S SIGNATURE OR NAME CLARA YOUNG **ADDRESS** MARSHFIELD

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH about 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Extreme obesity

19a. DATE OF OPERATION ____
19b. MAJOR FINDINGS OF OPERATION ____
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23, 1956, *to* 5-27, 1956, *that I last saw the deceased alive on* 5-27, 1956 *and that death occurred at* 9:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Springfield Mo.
23c. DATE SIGNED 6-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5-30-1956
24c. NAME OF CEMETERY OR CREMATORY BLACK OAK
24d. LOCATION (City, town, or county) WEBSTER CO (State) MO

DATE REC'D BY LOCAL REG. 6-6-56
REGISTRAR'S SIGNATURE Ernestine Williamson
25. FUNERAL DIRECTOR'S SIGNATURE BARBER EDWARDS **ADDRESS** MARSHFIELD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 31

P. O. Address Mtn. Gr

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