

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23436

STATE FILE NUMBER

FILED JUL 30 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 677

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield <u>0296</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.			Length of stay in ib 50 Years		d. STREET ADDRESS 1249 E. Trafficway			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Marie Anna VanZandt				First	Middle	Last	4. DATE OF DEATH July 22-1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1900 January 12		9. AGE (In years last birthday) 56		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 Home		11. BIRTHPLACE (City and state or country) Texas, County, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Albert J. Glaubitz					14. MOTHER'S MAIDEN NAME Flora A. Linderer						
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. Unknown		17. INFORMANT Address William F. VanZandt - Springfield, Mo						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast, left, with metastasis to ribs, left lung, and pleural effusion.										INTERVAL BETWEEN ONSET AND DEATH 5 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) _____	
DUE TO (c) _____										PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)								
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21: I attended the deceased from <u>12/15/55</u> to <u>7/22/56</u> and last saw her <u>alive</u> on <u>7/22/56</u> Death occurred at <u>10:30 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>John W. Polk, M.D.</i>					22b. ADDRESS 604 Medical Arts Bldg., Springfield, Missouri			22c. DATE SIGNED 7/23/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/25/56	23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery			23d. LOCATION (City, town, or county) (State) Springfield, Missouri.					
24. FUNERAL DIRECTOR <i>[Signature]</i>				ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-24-56		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1958

OCT 15 1958

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 *[Handwritten Signature]*

Licensed Embalmer No. 3312

P. O. Address Springfield

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