No. 300
10.48

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

FILED OCT 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36733

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4489 Registrar's No. 1/58

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VANDUSER
c. LENGTH OF STAY (in this place): 76 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VANDUSER
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): KATE
b. (Middle): ANSURESE
c. (Last): ZIMMERMAN

4. DATE OF DEATH (Month) (Day) (Year): 10-10-1956

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 12-15-1873
9. AGE (In years last birthday): 82 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MORO ARK
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN B. WILLIAMS
13b. MOTHER'S MAIDEN NAME: NANCY EMALINE TEAGUE
14. NAME OF HUSBAND OR WIFE:

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: Mrs P. S. Meador — ADDRESS: Vanduser 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: —

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

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4214
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* — *, 19__, to* 10/10 *, 1956, that I last saw the deceased alive on* 6/9 *, 1956, and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J A Clene MD
23b. ADDRESS: Oran Mo
23c. DATE SIGNED: 10/12/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-11-1956
24c. NAME OF CEMETERY OR CREMATORY: OLD City
24d. LOCATION (City, town, or county) (State): MORLEY MO

DATE REC'D BY LOCAL REG.: 10-15-56
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Welch Funeral Home Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

297

DATE RECEIVED OCT 22 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1056-216

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 ..... —
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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 this body is not embalmed, fact should be so stated above.