

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13516

State File No. _____

1476

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1476</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Hanson City</u>		c. LENGTH OF STAY (in this place) <u>15 DAYS</u>		a. STATE <u>MO.</u>	
b. CITY OR TOWN <u>Hanson City</u>		c. CITY OR TOWN <u>Odessa</u>		d. If residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		b. COUNTY <u>Jayette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>805 West Wyden St.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>JOHN</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>ZACHA</u>	Month <u>Mar.</u>	Day <u>28</u>	Year <u>1957</u>	M <input checked="" type="checkbox"/>	F <input type="checkbox"/>
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 25, 1890</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, start if retired) <u>Real Estate Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY ZACHA</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KAMPSHRADER</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Zacha</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>709.12-1347</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Zacha</u>		ADDRESS <u>Odessa, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocardial Infarction</u>		DUE TO (b) <u>Acute Coronary Thrombosis</u>		<u>17 days</u>	
		ANTECEDENT CAUSES		DUE TO (c) <u>arteriosclerotic heart disease</u>			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, Cardiac/Avascular Disease</u>		<u>42-50</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> 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 <u>3-13</u> , 19 <u>57</u> , to <u>Mar 28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Mar 28</u> , 19 <u>57</u> , and that death occurred at <u>10:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Castles</u>		J. E. Castles (Degree or title) <u>MD</u>		23b. ADDRESS <u>1002 Apple Bay #6 No</u>		23c. DATE SIGNED <u>3-29-57</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 29, 1957</u>		24c. NAME OF CEMETERY OR CREMATOR		24d. LOCATION (City, town, or county) (State) <u>Odessa, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-57</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hessman, Sparks</u> ADDRESS <u>Odessa, MO</u>			

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..... *William T. Sparks*

Licensed Embalmer No. *4431*

P. O. Address *Odessa, Fla.*

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.