

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

State File No. **15860**
Registrar's No. **46**

FILED MAY 14 1957

BIRTH NO. _____		REG. DIST. NO. 233		PRIMARY REG. DIST. NO. 3074		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 1 1/2 Year		c. CITY OR TOWN Sikeston		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 Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) 807 E. Kathleen St.			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) Louisie		c. (Last) Zoph		4. DATE OF DEATH (Month) (Day) (Year) 4 17 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-27-1874	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 0		11. BIRTHPLACE (City and State or Foreign Country) Illinois			
13a. FATHER'S NAME Noah Staley		13b. MOTHER'S MAIDEN NAME Ruth Starkey		14. NAME OF HUSBAND OR WIFE George Thomas Zoph			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0		16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Etta Conner, Sikeston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 4 ? ?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) 443 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT 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 May , 19 55 , to 4-17 , 19 57 , that I last saw the deceased alive on 4-17 , 19 57 , and that death occurred at 11:15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. C. Cutchlow M.D.				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 4-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-20-57		24c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES		24d. LOCATION (City, town, or county) (State) SIKESTON MO	
DATE REC'D BY LOCAL REG. 4-29-57		REGISTRAR'S SIGNATURE Mrs. Etta Conner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Funeral Home Sikeston Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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DATE RECEIVED **MAY 6 1957**

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-98

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 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.