Health, Welfare Public Service

. 300
1-56

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029999
STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 300 Primary Registration District No. 449 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ellington — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Own Home — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Reynolds
c. CITY OR TOWN: Ellington — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No X

0900

3. NAME OF DECEASED (Type or print): First: Zelphia Middle: Anitta Last: Asbenny

4. DATE OF DEATH: Month: Aug Day: 26 Year: 58

5. SEX: Female

6. COLOR OR RACE: Wh. Fe

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: May 23-85 ~~August 6, 1958~~

9. AGE (In years last birthday): 73

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 country): Reynolds Co, Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Sabin

14. MOTHER'S MAIDEN NAME: Elizabeth Watson

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.: None

17. INFORMANT Address: Inez Hills Ellington, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 yrs
DUE TO (c) Obesity — Life
422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June '50, to Aug 26/58 and last saw her/him alive on Aug 26/58
Death occurred at 3:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth T Carter, M.D. — **22b. ADDRESS**: Ellington Mo. — **22c. DATE SIGNED**: Aug 29/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 8-29-58 — **23c. NAME OF CEMETERY OR CREMATORY**: Southoff — **23d. LOCATION** (City, town, or county) (State): Ellington (Rural) Mo

24. FUNERAL DIRECTOR: Chas S. Pruitt — **ADDRESS**: Ellington Mo — **25. DATE RECD. BY LOCAL REG.**: 8-30-58 — **26. REGISTRAR'S SIGNATURE**: Essie Evans

(Licensed Embalmer's Statement on Reverse Side)

2-16
C

OCT 16

Reynolds Eau
9/3/58

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 Chas. S. Pewitt

Licensed Embalmer No. 457

P. O. Address Ellington

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.