

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041342

FILED VS. DEC 5, 1960 61

Primary Registration District No. 4407 Registrar's No. 38

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <i>Cedar</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cedar</i>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>El Dorado Springs</i>		Length of stay in 1b		c. CITY OR TOWN <i>El Dorado Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>306 S. Kirkpatrick</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>306 S. Kirkpatrick</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>Sallie</i> Middle <i>A.</i> Last <i>Zener</i>				4. DATE OF DEATH Month <i>11</i> Day <i>26</i> Year <i>60</i>						
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-19-1873</i>	9. AGE (last birthday) <i>87</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Clair Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Lafayette Hallford</i>			13b. MOTHER'S MAIDEN NAME <i>Melissa Supps</i>			14. NAME OF HUSBAND OR WIFE <i>deceased</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>David G. Zener</i>				Address <i>San Diego California</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Carcinomatosis origin unknown</i>								INTERVAL BETWEEN ONSET AND DEATH <i>Questionable</i>		
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.		Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <i>8/14/58</i> to <i>11/26/60</i> and last saw her <i>him</i> alive on <i>11/26/60</i> Death occurred at <i>5:30</i> P m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <i>Wm. C. Sunderwith D.O.</i>				22b. ADDRESS <i>El Dorado Springs, Missouri</i>				22c. DATE SIGNED <i>11/28/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-29-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Newton Park Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Nevada, Missouri</i>				
24. FUNERAL DIRECTOR <i>Guinn-Carothers</i>				ADDRESS <i>El Dorado Spgs., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11-28-1960</i>		26. REGISTRAR'S SIGNATURE <i>Ruth M. Hefner</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 10 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

May W. Sickling

Licensed Embalmer No. *4696*

P. O. Address *El Dorado*

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.