V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 61-033444

FILED SEP 20 1961

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 153

0535

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN: Sunrise Beach 0150
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Lake Road 20 (F) Box 222

3. NAME OF DECEASED (Type or Print)
a. (First): Myra
b. (Middle): Adele
c. (Last): Zachman

4. DATE OF DEATH (Month) (Day) (Year): September 7, 1961

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~XXXXX~~ Married
8. DATE OF BIRTH: August 15, 1889
9. AGE (In years last birthday): 72
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): chief operator
10b. KIND OF BUSINESS OR INDUSTRY: steel industry
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank McDonald
13b. MOTHER'S MAIDEN NAME: NOT KNOWN
14. NAME OF HUSBAND OR WIFE: Clatus E. Zachman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

17. INFORMANT'S SIGNATURE OR NAME: Clatus E. Zachman
ADDRESS: Sunrise Beach Lake Road 20 (F)

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): CARCINOMA OF RIGHT OVARY — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): — 175.0

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

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
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* July, 1961, *to* 9-7, 1961, *that I last saw the deceased alive on* 9-7, 1961, *and that death occurred at* 1:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Kelley
(Degree or title): M.D.
23b. ADDRESS: Camdenton, Missouri
23c. DATE SIGNED: 9/8/61

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/10/61
24c. NAME OF CEMETERY OR CREMATORY: Dale Blair Memoiral Cemetery
24d. LOCATION (City, town, or county) (State): Camdenton, Missouri

DATE REC'D BY LOCAL REG.: 9-9-1961
REGISTRAR'S SIGNATURE: Hella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Hedges
ADDRESS: Walter Hedges Funeral Home Camdenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

1-0

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

SEP 20 1961

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed Walter P. Rudge

Licensed Embalmer No. 4265

P. O. Address Camdenton, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail comply 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.