

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3378

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 4494 Registrar's No. 393

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Shannon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona, Missouri</u>		c. CITY OR TOWN <u>Winona</u>		b. COUNTY <u>Shannon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None - Home</u>		Length of stay in lb <u> yrs.</u>		d. STREET ADDRESS <u>None</u>		(If outside, give location) <u>1010</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Richard</u> Middle <u>Zimri</u> Last <u>Albert</u>				Month <u>Jan.</u> Day <u>14</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 26, 1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Marshall</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Reynolds County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>			
13. FATHER'S NAME <u>William Albert I</u>				14. MOTHER'S MAIDEN NAME <u>Eliza Barnes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Bessie Albert - Winona, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>						<u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Atherosclerosis</u>							
DUE TO (c)							
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? <u>2</u>	
						<u>332X</u>	
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							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21: I attended the deceased from <u>March 1952</u> to <u>Jan 14, 57</u> and last saw <u>her</u> alive on <u>Jan 7, 1957</u> Death occurred at <u>11:50 A.M.</u> on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C E Sharp M.D.</u> (Degree, or title)				22b. ADDRESS <u>Winona Mo.</u>		22c. DATE SIGNED <u>1/17/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-17-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Winona, Missouri</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Jan 21-57</u>		26. REGISTRAR'S SIGNATURE <u>Maude Green</u>	

**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 *Joe P. Duncan* .....  
Licensed Embalmer No. *43* .....  
P. O. Address *Cent. View* .....

**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.**