

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40142

State File No. ....

BIRTH NO. .... REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 169

No. 300  
10-48

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

1. PLACE OF DEATH a. COUNTY <u>clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rayville</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>		b. (Middle) <u>ZIRJACKS</u>	
c. (Last) <u>ZIRJACKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 9, 1877</u>
9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR (Months) <u>2</u>	10. UNDER 24 HRS. (Days) (Hours) (Min.) <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Herman Newmann</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Reisner</u>	
14. NAME OF HUSBAND OR WIFE <u>Lewis Zirjacks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. J. Zirjacks</u>		ADDRESS <u>715 Isley, Ex. Spg. Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>albuminuria</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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)			
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 <u>7/25</u> , 19 <u>50</u> to <u>12/31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/31</u> , 1950, and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. D. U</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>12/31/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McGaugh Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rayville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/3/51</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Pauline</u>		ADDRESS <u>Excelsior Springs Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)



**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 .....

Student Embalmer

Signed

*Linell K. Jarman*

Licensed Embalmer No. *4589*

P. O. Address

*Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.