.S. No. 300
EV. 10.48

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7911

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 18

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DEKALB
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAYSVILLE
d. STREET ADDRESS (If rural, give location):

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3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): BELLE
c. (Last): ZEIER

4. DATE OF DEATH (Month) MAR. (Day) 22 (Year) 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 18 1865
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 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 (State or foreign country): McGREGOR IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: JOHN DENNING
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CHAS. L. ZEIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: CHAS L. ZEIER MAYSVILLE MO. ADDRESS

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) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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

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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* MARCH 21, 1949, *to* MARCH 21, 1949, *that I last saw the deceased alive on* MARCH 21, 1949, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred R. Wilson M.D.
23b. ADDRESS: WINSTON, Missouri
23c. DATE SIGNED: 3-23-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 24 1949
24c. NAME OF CEMETERY OR CREMATORY: OAK LAWN
24d. LOCATION (City, town, or county) (State): MAYSVILLE MO.

DATE REC'D BY LOCAL REG.: 4-1-49
REGISTRAR'S SIGNATURE: Roscoe Davidson 82
25. FUNERAL DIRECTOR'S SIGNATURE: PILCHER FUNERAL HOME ADDRESS: MAYSVILLE MO.

(Licensed Embalmer's 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~~ Neal R Dawson, Student Embalmer No. 484, working under my personal supervision.

Signed Neal R Dawson
Student Embalmer

Signed C. T. Pilcher
Licensed Embalmer No. 3960
P. O. Address Maysville 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.