

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24345

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 5984		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ALASKA</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland R2 Liberty Life</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Twp, Richland R2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0853</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DONALD</u>		b. (Middle) <u>WAYNE</u>		c. (Last) <u>ZEIGENBEIN</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>6</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 13, 1948</u>	
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>3</u>		11. DAYS <u>23</u>		12. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Zeigenbein</u>		13b. MOTHER'S MAIDEN NAME <u>Della Fuller</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Zeigenbein</u> ADDRESS <u>Richland R2 MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructive hemolytic jaundice</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2922				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>	
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 <u>6:30</u> , 19 <u>49</u> , to <u>7:5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7:5</u> , 19 <u>50</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Engene J. Gushon DO</u> (Degree or title) _____		23b. ADDRESS <u>Waynesville Mo</u>		23c. DATE SIGNED <u>7-20-50.</u>			
24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>		24b. DATE <u>6/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DUNCARD Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waynesville MO</u>	
DATE REC'D BY LOCAL REG. <u>7-22-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		389 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hodge</u>		ADDRESS <u>Thelma, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7/22/50
Pulaski County Health Officer
File Number.....
Date Filed 7/22/50

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

Walter R. Hedger

Licensed Embalmer No. 4265

P. O. Address *Shreve, 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.