

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37982

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 153	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 24 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		0717	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1808 Oak				d. STREET ADDRESS (If rural, give location) 1808 Oak St.			
3. NAME OF DECEASED (Type or Print) a. (First) Frances			b. (Middle) Zieseniss		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1950							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 14, 1869		9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 2	11. UNDER 2 HRS. Hours 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Fisher			13b. MOTHER'S MAIDEN NAME Frederica Stuckmister		14. NAME OF HUSBAND OR WIFE Henry Zieseniss		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Loftin, 3422 Iowa, St. Louis, Mo.			
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) Ch. myocarditis & acute failure ANTECEDENT CAUSES Morbid 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. Senility						INTERVAL BETWEEN ONSET AND DEATH 6 months
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) _____		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 11-1, 1950, to 11-20, 1950, that I last saw the deceased alive on 11-18, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE. E. E. Fendler M.D.				23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 11-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Sullivan, Missouri			
DATE REC'D BY LOCAL REG. 11-22-50	REGISTRAR'S SIGNATURE Nadine L. Stoll		386	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hallen		ADDRESS Rolla, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

30 1950

RECEIVED
Phelps County Health Officer
County File Number
Date Filed 11/28/50

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 _____

Jerry D. Doane

Student Embalmer No. 382

working under my personal supervision.

Student Jerry D. Doane
Student Embalmer

Signed J. H. Halloway

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.