

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7330

State File No.

FILED MAR 18 1952

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|--|--|--|--|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>32</u> | | PRIMARY REG. DIST. NO. <u>4042</u> | | Registrar's No. <u>18</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u> | | c. LENGTH OF STAY (in this place) <u>5 Mos.</u> | | c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Chaffee 1001</u> | | d. STREET ADDRESS (If rural, give location) <u>401 Grey Ave. 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>401 Grey Ave. 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MAGDALENA</u> c. (Last) <u>ZIEGLER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7, 1952</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>2 Mar. 20, 1862</u> | |
| 9. AGE (In years last birthday) <u>89</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u> | | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | | 11. BIRTHPLACE (State or foreign country) <u>New Hamburg, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Joseph J. Dumey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Diebold</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank D Ziegler</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas Ziegler Anzell, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>332X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <u>None</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | | 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>Mar 6, 1951</u> , to <u>March 7, 1952</u> , that I last saw the deceased alive on <u>March 6, 1952</u> , and that death occurred at <u>6:52 P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Everette L. Price M.D.</u> | | | | 23b. ADDRESS <u>Lutesville, Mo.</u> | | 23c. DATE SIGNED <u>3/10/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-10-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustines</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kelso Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Mar. 12, 1952</u> | | REGISTRAR'S SIGNATURE <u>William Amburgh</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Supling Hoff Funeral Home</u> | | ADDRESS <u>Alamo</u> | |

20904
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Oliver Clemick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.