

5. No. 300
EV. 10-48

8425

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 12938 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Scott</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>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Timothy</u> b. (Middle) <u>Berl</u> c. (Last) <u>Ziegenhorn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>2-6-1953</u>		9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Arthur Berl Ziegenhorn</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Collins</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-----</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Berl Ziegenhorn, Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth</u>			<u>36 hours</u>
		DUE TO (c)			
		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 <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) <u>7635</u>	
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 2-6, 1953, to 2-8, 1953, that I last saw the deceased alive on 2-7, 1953, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas O. McClure MD</u>		23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>2/12/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warden of memories Sikeston Mo</u>	
		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			

DATE REC'D BY LOCAL REG. <u>2-14-53</u>		REGISTRAR'S SIGNATURE <u>Margella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welsh Funeral Home - Sikeston Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1003
C

FILED FEB 20 1953

RECEIVED FEB 16 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 253-38

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Raymond J. Crews

Licensed Embalmer No. 3467

P. O. Address. Sikeston 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.