

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 734

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph c. LENGTH OF STAY (in this place) 49m 3d

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital no 2

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Putnam

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Livonia 0860

d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

## 3. NAME OF DECEASED (Type or Print)

a. (First) Charles b. (Middle) Alfred c. (Last) Zieber

## 4. DATE OF DEATH (Month) (Day) (Year)

June 30 1953

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 8. DATE OF BIRTH Nov 28 1867 9. AGE (In years last birthday) 85 10. MONTHS 6 11. DAYS 2 12. IF UNDER 18 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA.

## 13a. FATHER'S NAME

Charles Alfred Zieber

## 13b. MOTHER'S MAIDEN NAME

Emma Barry

## 14. NAME OF HUSBAND OR WIFE

not given

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT'S SIGNATURE OR NAME

Ruby Zieber Livonia Mo

## ADDRESS

no

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Chronic Myocarditis

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

## DUE TO (b)

arterio-sclerosis

## DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Benign Psychosis

## INTERVAL BETWEEN ONSET AND DEATH

?

?

?

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

4221

## 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 Jan 1, 1953, to June 30, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

## 23a. SIGNATURE

Forrest Thomas M.D.

## (Degree or title)

## 23b. ADDRESS

No Joseph Mo, State Hosp. no 2

## 23c. DATE SIGNED

7/1-53

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 24b. DATE

7/5/53

## 24c. NAME OF CEMETERY OR GREGATORY

St. John Cemetery

## 24d. LOCATION (City, town, or county)

Livonia Mo

## (State)

## DATE REC'D BY LOCAL REG.

July 6, 1953

## REGISTRAR'S SIGNATURE

Betha M. Allison

## 25. FUNERAL DIRECTOR'S SIGNATURE

Stammy Funeral Home

## ADDRESS

St Joseph Mo

1951 8 2 107

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

*Charles E. Bennett*

Student Embalmer

Licensed Embalmer No. *11627*

P. O. Address *St. Joseph M*

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.