

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1605**

State File No. ....

**FILED JAN 27 1954**

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. 133

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>73 days</b>		e. STREET ADDRESS (If rural, give location) <b>330 SOUTHWEST BLVD</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>L.</b>	
		c. (Last) <b>ZEIGER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>January 7, 1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 16, 1894</b>
9. AGE (In years last birthday) <b>59</b>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Florist</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Hardy, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Zeiger</b>		13b. MOTHER'S MAIDEN NAME <b>Sallie Jackson</b>	
		14. NAME OF HUSBAND OR WIFE <b>Helen Edith Zeiger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>509-10-2133</b>	
(If yes, give war or dates of service) <b>WWI</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records, Kansas City, Missouri</b>	
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) <b>Uremia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Metastatic carcinoma of the ureters</b> DUE TO (c) <b>Carcinoma of the Stomach</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>1 mo.</b> <b>6 mo.</b> <b>151X</b>	
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) (Minute) <b>VA</b>		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 <b>October 26, 1953</b> , to <b>January 7, 1954</b> , <del>by XXXXXXXXXX</del> <del>XXXXXXXXXXXXXXXXXXXX</del> , and that death occurred at <b>11:30 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Richard C. Schaffer, MD</b>		23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	
		23c. DATE SIGNED <b>1/8/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-9-1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>1-9-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. N. Newcomer's Son</b>	
		ADDRESS <b>1231 BRUSH CREEK KANSAS CITY, MISSOURI</b>	

**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.....  
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *40*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.