

FILED OCT 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28851**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>		PRIMARY REG. DIST. NO. <b>3000</b>		Registrar's No. <b>292</b>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>		c. LENGTH OF STAY (in this place) <b>2 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>C. N. H. #1</b>				d. STREET ADDRESS (If rural, give location) <b>RURAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>			b. (Middle) <b>Rachael</b>		c. (Last) <b>Zeigler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 3, 1955</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Apr. 2, 1873</b>		9. AGE (in years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Barry, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Fusselman</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Nail</b>		14. NAME OF HUSBAND OR WIFE <b>Luther Allen Ziegler</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Albert Aeschliman, Kirkville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterial Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebro-vascular Accident</b> DUE TO (c) <b>Arteriosclerosis</b> <b>331XH</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastatic carcinoma</b> <b>Coronary insufficiency</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>  <b>Cudden</b>  <b>5 years</b> <b>2 years</b> <b>1 year</b>
19a. DATE OF OPERATION <b>July 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Colon</b>					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 <b>10/6</b> , 19 <b>54</b> , to <b>10/3</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10/2</b> , 19 <b>55</b> , and that death occurred at <b>8:38 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A. M. ... Tiley</b>			23b. ADDRESS <b>800 W. Jefferson</b> <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>10/4/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/5/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pratt Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Adair County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>10-5-55</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>... Kirkville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. E. Hayes

Licensed Embalmer No. 2890

P. O. Address Richwood, 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.