

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36615

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>992-A</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD MO</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		c. CITY OR TOWN <u>MARSHFIELD MO</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY INFIRMARY</u>				e. STREET ADDRESS (If rural, give location) <u>4 MI S.E. MARSHFIELD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>ZIGELHOFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 5 1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 3 1883</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>COLORADO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>MOSES ANDREWS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE VEISLEY</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY ZIGELHOFER</u> ADDRESS <u>MARSHFIELD 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATHEROSCLEROSIS</u> DUE TO (c) <u>332X</u> II. OTHER SIGNIFICANT CONDITIONS ① <u>PNEUMATIC HEART DIS. INACTIVE</u> MAY YEARS. Conditions contributing to the death but not related to the disease or condition causing death. ② <u>BRONCHIAL ASTHMA</u> MAY YEARS.				INTERVAL BETWEEN ONSET AND DEATH <u>16 DAYS</u>	
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) _____		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>10-8</u> , 19 <u>55</u> , to <u>11-5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-4</u> , 19 <u>55</u> , and that death occurred at <u>5:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edmond T. Miller M.D.</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>11/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-8-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>	
DATE REC'D BY LOCAL REG. <u>11-14-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.W. BARBER</u> ADDRESS <u>MARSHFIELD MO</u>			

(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.....
Signature of Student Embalmer

Signed, *George Stapp*

Licensed Embalmer No. *316*

P. O. Address *Wm. J. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.