

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017211
STATE FILE NUMBER

FILED JUN 9 1958		Registration District No. <u>1</u>	Primary Registration District No. <u>5005</u>	Registrar's No. <u>189</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pettus Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Pettus Township</u> ⁰⁰¹⁰ ₀	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mi North of La Plata, Mo.</u>		Length of stay in lb <u>29 Yrs</u>	d. STREETS <u>5 Mi. N</u> (If outside, give location) ADDRESS <u>of La Plata</u>	
3. NAME OF DECEASED (Type or print) First <u>CARRIE</u> Middle <u>(none)</u> Last <u>ZIEGLER</u>		4. DATE OF DEATH Month <u>May</u> Day <u>28</u> , Year <u>1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 18, 1884</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>10</u> Hours <u>-</u> Min. <u>-</u> 11. BIRTHPLACE (City and state or country) <u>Adams County, Illinois</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles Grunwald</u>		14. MOTHER'S MAIDEN NAME <u>Minnie Zeiger</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____ 17. INFORMANT <u>Fred Ziegler, La Plata, Mo.</u> Address _____		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>332X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>5 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>Jan 15 '58</u> to <u>May 28 1958</u> and last saw her alive on <u>May 24, 1958</u> Death occurred at <u>La Plata, Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Doctor or title) <u>David S. Child</u>			22b. ADDRESS <u>La Plata Mo</u>	
22c. DATE SIGNED <u>5/28/58</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-31-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>La Plata, Missouri</u>
24. FUNERAL DIRECTOR <u>Wilson Funeral Home La Plata, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>6-4-58</u>		26. REGISTRAR'S SIGNATURE <u>Dora W. Rathff</u>

health, Welfare Public Service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. U. S. Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY, BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 16 1958

JAN 27 1960

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 *Kenneth M. Wilson*

Licensed Embalmer No. 470

P. O. Address La Plata.

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.