

STANDARD CERTIFICATE OF DEATH

58-018632

STATE FILE NUMBER

2091

FILED MAY 19 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb 51 Yrs		d. STREET ADDRESS (If outside, give location) 133 So Cypress	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle Last ZIEGLER SR.			4. DATE OF DEATH Month April Day 21 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 19 1883	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY General Mills		11. BIRTHPLACE (City and state or country) Bavaria 4	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Nicholas Ziegler		13b. MOTHER'S MAIDEN NAME Agnes Bock	
14. NAME OF HUSBAND OR WIFE Dorothea Ziegler		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 487-09-4751		17. INFORMANT Address Mrs Dorothea Ziegler 133 So Cypress K C Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emboli					INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral stenosis					Long standing.
DUE TO (c) Generalized malignancy. Origin not certain.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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>Sept 19 1958</u> to <u>4/21/58</u> and last saw her/him alive on <u>4/21/58</u> Death occurred at <u>1710 P. 4/21/58</u> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <i>J. J. Farnsworth M.D.</i>		22b. ADDRESS <i>133 So. Cypress</i>		22c. DATE SIGNED <i>4/23/58</i>	
23a. BURIAL, CREMATION, or other disposal (Specify) Burial		23b. DATE 4/24/58		23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery	
23d. LOCATION (City, town, or county) Kansas City Mo.		24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo			
25. DATE RECD. BY LOCAL REG. 4-23-58		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. J. Farnsworth

All diseases in Part I must be causally related.



Handwritten vertical text: 2012 3434

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 *Thomas A. Shiel*

Licensed Embalmer No. 4454 P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.