

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021492

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 10

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pacific</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pacific</i> 8360
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Latherine Agatha Zitzman</i>			4. DATE OF DEATH Month Day Year <i>June 12 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 31. 1875</i>
9. AGE (In years last birthday) <i>83</i>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Pacific Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>John Thiebes</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Knoble</i>		14. NAME OF HUSBAND OR WIFE <i>August Zitzman (deceased)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Ruth Nelson, St. Louis Mo. (daughter)</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Postero Lateral myocardial infarction</i> DUE TO (b) <i>myocardial infarction</i> DUE TO (c) <i>4201</i> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <i>5/19/58 - 6-12-58</i>	
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 <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 <i>May 19 1958</i> to <i>June 12 58</i> and last saw ^{her} <i>him</i> alive on <i>May 12 1958</i> Death occurred at <i>10:00 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. S. Puffer D.O.</i>		22b. ADDRESS <i>2 Pacific Missouri</i>	
22c. DATE SIGNED <i>6/13/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>June 15, '58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Pacific Cemetery Pacific Mo.</i>	
23d. LOCATION (City, town, or county) (State) <i>Pacific Mo.</i>		24. FUNERAL DIRECTOR ADDRESS <i>Mrs. John L. Thiebes, Pacific Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>June 14 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mary B. Loane</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Ralph Oltramann*

Licensed Embalmer No. *4808*

P. O. Address *Union, Ind*

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.