

FRI DIVISION-OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031350

FILED VS. OCT 5 1959

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b Years	c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 East Jefferson Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Roland Middle Aubrey Last Zeigel			4. DATE OF DEATH Month Sept. Day 23 Year 1959		
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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 3-18-97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDUSTRY Law	11. BIRTHPLACE (City and state or country) Boonville, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Anthony F. Zeigel	13b. MOTHER'S MAIDEN NAME Jenny Brommer	14. NAME OF HUSBAND OR WIFE Helen Gardner Zeigel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I.	16. SOCIAL SECURITY NO. 489-42-1769	17. INFORMANT Helen Zeigel	Address Kirksville 701 E. Jefferson
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 days
DUE TO (b) Hypertension (essential)		several yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac insufficiency Chronic Myocarditis & trophy	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 Kirksville	COUNTY Adair	STATE Mo.
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21. I attended the deceased from **Feb. 1932** to **Sept. 23, 59** and last saw ^{him} ~~her~~ alive on **Sept. 23, 1959**
Death occurred at **5:35 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Spencer L. Freeman M.D. (Degree or title)	22b. ADDRESS Kirksville, Missouri	22c. DATE SIGNED 9/25/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/26/59	23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
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24. FUNERAL DIRECTOR Davis & Davis, Kirksville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-26-1959	26. REGISTRAR'S SIGNATURE Doris W. Rattiff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 6 1959

MAY 10 1961

VS OCT 14 1959

SPENCER L. FREEMAN, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Hane

Licensed Embalmer No. 4219

P. O. Address Kirksville,

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.