

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007067

FILED VS FEB 29 1960

Registration District No. 83 Primary Registration District No. 3037 Registrar's No. 174

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon			Length of stay in 1b		c. CITY OR TOWN Mt. Vernon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 216 W. Water, Mt. Vernon Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 216 W. Water		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lelia First Zeigler Middle Last				4. DATE OF DEATH Month Feb. Day 18 Year 1960			
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-1864	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Rolla, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James W. Hogue			13b. MOTHER'S MAIDEN NAME Mary C. Rowe		14. NAME OF HUSBAND OR WIFE Frank C. Zeigler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. No		17. INFORMANT Faye Millsap Address Mt. Vernon, 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) Coronary occlusion. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial disease DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 16 hrs Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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		
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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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 2/17/60 to 2/18/60 and last saw her alive on 2/17/60 Death occurred at 7:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Kenneth Glover MD (Degree or title)				22b. ADDRESS Mt. Vernon, Mo		22c. DATE SIGNED 2/20/60 (State) Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Mt. Vernon		
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.				25. DATE RECD. BY LOCAL REG. 2-20-60		26. REGISTRAR'S SIGNATURE Max L. Fossett	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by By Me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L Fossett

Licensed Embalmer No. 4252

P. O. Address W. W. Vernon

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.