

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016169

FILED VS APR 27 1960

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 156

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Monroe | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | Length of stay in 1b 20 Days | c. CITY OR TOWN Monroe City Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R.F.D.#1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Alma G. Zeiger | 4. DATE OF DEATH Month Day Year April 20, 1960 |
|---|---|

| | | | | | | |
|-------------------------|-----------------------------------|---|--------------------------------------|-------------------------------------|---|--|
| 5. SEX Female | 6. COLOR OR RACE Whitem | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/5/1894 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months 6 Days 15 | IF UNDER 24 HR Hours 15 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) Emden Missouri | 12. CITIZEN OF WHAT COUNTRY U.S. |
|---|--|---|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME George Edelen | 13b. MOTHER'S MAIDEN NAME Mary McGlasson | 14. NAME OF HUSBAND OR WIFE Edward R. Zeiger. |
|--|--|---|

| | | |
|---|--|---|
| 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. None | 17. INFORMANT Address Leroy Zeiger. Monroe City 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) Carcinomatosis | | INTERVAL BETWEEN ONSET AND DEATH 3 mo 3 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Carcinoma of uterus | |
| | DUE TO (c) | |

| | |
|---|--|
| 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 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 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 **10:20 A.M.** to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|--------------|------------------|
| 22a. SIGNATURE (Name or title) R M Thorg, MD | 22b. ADDRESS | 22c. DATE SIGNED |
|--|--------------|------------------|

| | | | |
|--|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/22/1960 | 23c. NAME OF CEMETERY OR CREMATORY Andrew Chapel, Cem. | 23d. LOCATION (City, town, or county) (State) Warren Missouri |
|--|-------------------------------|--|---|

| | | |
|--|--|---|
| 24. FUNERAL DIRECTOR ADDRESS Harold Garner Monroe City Mo. | 25. DATE RECD. BY LOCAL REG. 4/25/60 | 26. REGISTRAR'S SIGNATURE St. E. M. Lusche by Lillian M. Herman |
|--|--|---|

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James D. James

Licensed Embalmer No. 3720

P. O. Address Monroe City, I

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.