

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-027424

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 82

INDEXED

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCK TOWNSHIP</b>		Length of stay in 1b <b>2 YRS</b>		c. CITY OR TOWN <b>NEAR MAXVILLE</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ARNOLD RURAL ROUTE</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>ARNOLD RURAL ROUTE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>ZIEGELMEYER</b> Last				4. DATE OF DEATH Month <b>JULY</b> Day <b>17</b> Year <b>1960</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>OCT 7 1872</b>		9. AGE (last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>10</b>		IF UNDER 24 HR Hours <b>10</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (City and state or country) <b>MAXVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>						
13a. FATHER'S NAME <b>JOSEPH ZIEGELMEYER</b>				13b. MOTHER'S MAIDEN NAME <b>MAGDALENE HAMPEL</b>				14. NAME OF HUSBAND OR WIFE <b>LENA DURAND</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>LENA ZIEGELMEYER ARNOLD MO</b>							
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>Chronic Myocarditis</i> DUE TO (b) <i>Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
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 <b>1956</b> 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 <i>Arnold Jefferson Mo</i>		COUNTY		STATE			
21. I attended the deceased from <b>1956</b> , to <b>7/17/60</b> and last saw her/him alive on <b>7/16/60</b> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Robert E. Bauer</i> (Degree or title)				22b. ADDRESS <i>Imperial Mo</i>				22c. DATE SIGNED <i>7/18/60</i> (State)					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JULY 19 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CEMETERY</b>				23d. LOCATION (City, town, or county) <b>ARNOLD MO</b>					
24. FUNERAL DIRECTOR <b>HEILIGTAG FUNERAL HOME IMPERIAL MO</b>				25. DATE RECD. BY LOCAL REG. <b>7-19-60</b>		26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>							

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elmer Ahligtag

Licensed Embalmer No. 3571

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.