

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004906 STATE FILE NUMBER

Dr. Shull

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 38

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in 1b 3 days

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community Hosp. Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Schubert Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Rural Route #3 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Laura Beatha Ziegler

4. DATE OF DEATH February 9, 1961

5. SEX Female

6. COLOR OR RACE W

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 2-18-1900

9. AGE (last birthday) 60

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 Home

11. BIRTHPLACE (City and state or country) Fergus Falls, Minn. U.S.A.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Gilbert Strommen

13b. MOTHER'S MAIDEN NAME Louise Bruvoldt

14. NAME OF HUSBAND OR WIFE Albert H. Ziegler

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 Rev. Albert H. Ziegler, Schubert, 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) Increased intra-cranial pressure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GLIOMASTOMA (MALIGNANT)

DUE TO (c) ---

INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mo. 6 mos. (?)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ADRENOCORTICAL INSUFFICIENCY; RT. HEMIPLEGIA

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 FEB. 6, 1961 to FEB. 9, 1961 and last saw her alive on FEB. 9, 1961

Death occurred at 8:32 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald Shull M.D.

22b. ADDRESS 521 E. HIGH, JEFFERSON CITY MO

22c. DATE SIGNED FEB. 11, '61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-12-1961

23c. NAME OF CEMETERY OR CREMATORY St. Johns Luth. Cemetery

23d. LOCATION (City, town, or county) (State) Schubert, Missouri

24. FUNERAL DIRECTOR ADDRESS Thorpe J. Gordon, Jefferson City

25. DATE RECD. BY LOCAL REG. 16 February 1961

26. REGISTRAR'S SIGNATURE R.P. Norris, M.D. - W. Richter, D.D.

MS MAR 27 1961

MS MAR 27 1961

[Faint handwritten text, possibly a signature or name]

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.