

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033151

STATE FILE NUMBER

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 298

DO NOT WRITE
ON THIS STUD

AMENDED

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY

Pettis

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

a. STATE

Missouri

b. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in 1b

2 days

c. CITY
OR TOWN

Green Ridge

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell Hospital

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

Route 1

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

OLLIE

Middle

Last

ZEIGER

4. DATE
OF DEATH

Month

Day

Year

August 26, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 24, 1897

9. AGE (last birthday)

66

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)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Gen. Agriculture

11. BIRTHPLACE (City and state or country)

Decatur County, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Zeiger

13b. MOTHER'S MAIDEN NAME

Cora Thurber Zeiger

14. NAME OF HUSBAND OR WIFE

Mabel Goad 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.

17. INFORMANT

Mrs. Mabel Zeiger, Route 1,

Green Ridge,

Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Decompensating Heart

INTERVAL BETWEEN ONSET AND DEATH

2 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adenocarcinoma with Hilar

18 months

DUE TO (c)

Lymph node metastases

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

Senility

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 a.m. p.m.

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 2/1/62 to 8/26/63 and last saw her alive on 8/26/63. Death occurred at 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. J. Holden M.D.

22b. ADDRESS

1116 W. 2nd Sedalia Mo

22c. DATE SIGNED

8/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/29/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Sedalia, Missouri

24. GENERAL DIRECTOR

William C. Curing

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

8-28-1963

26. REGISTRAR'S SIGNATURE

Frances M. S. S. S.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

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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

Gene E. Bartran

Licensed Embalmer No.

4021

P. O. Address

Versailles, Mo

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.