

FILED FEB 7 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1735

Registration District No. 172

Primary Registration District No. 4272

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Kelling Clinic 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME William A. Zeysing

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sallie C. Zeysing 6. (c) Age of husband or wife if alive 90 years
 7. Birth date of deceased Dec. 25 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	94	0	25	hr. _____ min.

9. Birthplace Scott County, Kentucky. 1
(City, town, or county) (State or foreign country)10. Usual occupation Farmer (Retired)11. Industry or business Farming.12. Name George Zeysing,13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)14. Maiden name Susan Fitzgerald,15. Birthplace Kentucky. 1
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Annie Z. Rowe,(b) Address Excelsior Springs, Missouri17. (a) Burial (b) Date thereof 1-22-1949.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Waverly, Mo. Cem.18. (a) Signature of funeral director Marshall Funeral Home(b) Address Carrington, Mo.19. (a) Jan. 21-1949 (b) Clayton H. Landrum 54
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
 (c) City or town Waverly 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th.
year 1949 hour 9 minute 45 AM.21. I hereby certify that I attended the deceased from Jan. 20th.
1949 to Jan. 20th., 1949;that I last saw him alive on Jan. 20th., 1949;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion, acute. 15 Min.
Duration _____

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death) generalized.

Major findings: Of operations _____

Of autopsy H. 201

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature Douglas Helwig (M. D. or other) M. D.Address Waverly, Mo. Date signed 1-21-49

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-4-49

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed R.M. Marshall
Licensed Embalmer No. 2525
P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.