

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9107

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5692 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parsan Creek Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Parsan Creek Twp.</u>	
c. LENGTH OF STAY (in this place) <u>7 mo</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		e. STREET ADDRESS (If rural, give location) <u>-</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linn</u>		b. (Middle) <u>Z</u>	
c. (Last) <u>Zeisler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 25, 1887</u>
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>10</u>	11. DAYS <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Sargey Co. Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Olson Rahl</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Ehalow</u>		14. NAME OF HUSBAND OR WIFE <u>William Zeisler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William Zeisler - Madville Mo.</u>		ADDRESS <u>Madville Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation &amp; failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1043</u> <u>7/1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Dec. 1948</u> , <u>April 15, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D.A. Bryan M.D.</u>		23b. ADDRESS <u>Wheeling</u>	
23c. DATE SIGNED <u>3/25/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Gordon - Chillicothe Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 25-1949</u>		REGISTRAR'S SIGNATURE <u>Chris A. Martens</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed *Donald Gordon*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4191*

P. O. Address *Phillipsville, 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 this body is not embalmed, fact should be so stated above.