FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43641

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5449 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Gentry Farm Home
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King City Mo. R.R.
c. LENGTH OF STAY (in this place) 16 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Gentry Co. Mo. b. COUNTY 0340
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King City Mo. R.R.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Vernon b. (Middle) Francis c. (Last) Zieber

4. DATE OF DEATH (Month) (Day) (Year) 12.31.1949.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 12.1881

9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 8 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Robison Kans

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

13a. FATHER'S NAME Fredrick Zieber

13b. MOTHER'S MAIDEN NAME Susan Wilson

14. NAME OF HUSBAND OR WIFE Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 496-10-3849

17. INFORMANT'S SIGNATURE OR NAME Margaret Zieber ADDRESS King City Mo.R.R.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Insufficiency

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: 491X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 26, 49, *to* 12.31., 1949, *that I last saw the deceased alive on* 12.31., 1949 *and that death occurred at* 1:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D S Blackstock M.D.

23b. ADDRESS King City Mo.

23c. DATE SIGNED 1.2.1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1.2.1950.

24c. NAME OF CEMETERY OR CREMATORY King City

24d. LOCATION (City, town, or county) (State) King City Mo.

DATE REC'D BY LOCAL REG. Jan 10 - 1950

REGISTRAR'S SIGNATURE Mrs Edith Childs 430

25. FUNERAL DIRECTOR'S SIGNATURE R. G. Tappan ADDRESS King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 16 1980
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 .....
Student Embalmer

Signed R. L. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.