

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

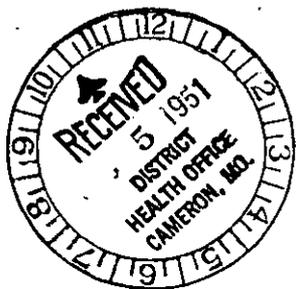
State File No. **914**

FILED FEB 9 1951

0403

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

BIRTH NO. _____		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>0006</b>	
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Sullivan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Prenton</b>		c. LENGTH OF STAY (in this place) <b>6 wks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humphreys</b>		<b>1.050</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cullers Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) <b>MARY L ZIEGLER</b>			a. (First) <b>L</b> b. (Middle) <b>ZIEGLER</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Oct. 16 1864</b>		9. AGE (years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days
IF UNDER 1 HR. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo D</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Salomon B Ziegler</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Shipley</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Benjamin F Ziegler</b> ADDRESS <b>Humphreys Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Sclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Indefinite</b>  <b>345X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <b>Nov. 28, 1950</b> , to <b>Jan 11, 1951</b> , that I last saw the deceased alive on <b>Nov 28-11 1950</b> , and that death occurred at <b>2:00 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M L Cullers M.D.</b> (Degree or title)				23b. ADDRESS <b>Prenton Mo.</b>		23c. DATE SIGNED <b>Jan 12-1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-13-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Glaze Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Milan Mo Rural</b>		
DATE REC'D BY LOCAL REG. <b>1-13-51</b>		REGISTRAR'S SIGNATURE <b>Jene Fair</b> <b>115</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>PK Payne &amp; Son</b> ADDRESS <b>Galt Mo</b>			



**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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

**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.