No. 300
10.48

FILED JAN 10 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42072

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 100

**1. PLACE OF DEATH**
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Hematite
c. LENGTH OF STAY (In this place): 0500
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: MO
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Hematite
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): GUSTAVE
b. (Middle):
(Last): ZEITNER

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 16, 51

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Sept 12, 1872
**9. AGE** (In years last birthday): 78-2-29 (If under 1 year: Months, Days; If under 24 hrs.: 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**: General farming
**11. BIRTHPLACE** (State or foreign country): Zion Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Alois Zeitner
**13b. MOTHER'S MAIDEN NAME**: Delphia Cooper
**14. NAME OF HUSBAND OR WIFE**: Essie Thuesen

**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.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Essie Thuesen
**ADDRESS**: Hematite Mo

**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): Cardiac Decompensation
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4343
**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 1, 1951, *to* Dec 16, 1951, *that I last saw the deceased alive on* Dec. 15, 1951, *and that death occurred at* 1:15 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Chas. E. Owen (Degree or title): D.O.
**23b. ADDRESS**: De Soto Mo
**23c. DATE SIGNED**: 12/17/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12-18-51
**24c. NAME OF CEMETERY OR CREMATORY**: Hematite Meth
**24d. LOCATION** (City, town, or county) (State): Hematite Mo

**DATE REC'D BY LOCAL REG.**: 12-18-51
**REGISTRAR'S SIGNATURE**: Gertrude Pollitt 444
**25. FUNERAL DIRECTOR'S SIGNATURE**: H. Wingard
**ADDRESS**: Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 12-20-51

## 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 H H Wingard

Licensed Embalmer No. 3010

P. O. Address Festus 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.