

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21246

State File No.

FILED JUN 23 1952

| | | | | | | | |
|---|--|---|---|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>224</u> | | PRIMARY REG. DIST. NO. <u>3046</u> | | Registrar's No. <u>44</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> | | c. LENGTH OF STAY (In this place) <u>5 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u> | | 06-80 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rathan Sanitarium</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5 mi. south of California</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>SOETTLIEB</u> c. (Last) <u>ZEBOLD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1952</u> | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Sept. 12, 1866</u> | |
| 9. AGE (In years last birthday) <u>85</u> | | 10. MONTHS <u>9</u> | | 11. DAYS <u>3</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Checker in Freight house</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u> | | 11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Joseph Ziebold</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Schmider</u> | | 14. NAME OF HUSBAND OR WIFE <u>Minnie Pillsbury</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Ziebold</u> ADDRESS <u>California 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic prostate</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | 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) | | 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>May 10, 1952</u> to <u>June 15, 1952</u> , that I last saw the deceased alive on <u>June 14, 1952</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Francis Jarryoloz M.D.</u> | | | | 23b. ADDRESS <u>California, Mo.</u> | | 23c. DATE SIGNED <u>June 17, 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>June 18, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Suppington</u> | | 24d. LOCATION (City, town, or county) (State) <u>California Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6-20-52</u> | | REGISTRAR'S SIGNATURE <u>HR Papey or LR 20</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. E. Wilson California, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 2 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.