

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23740

State File No. \_\_\_\_\_

817

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>St Joseph mo</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Cowgill</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) <u>MARY</u>			a. (First) <u>Mary</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>ZEIKLE</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>7 24 52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 15-1869</u>	
9. AGE (In years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Caldwell Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Glass Hudson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Husky</u>			14. NAME OF HUSBAND OR WIFE <u>Nathan Zeikl</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Hudson</u>			ADDRESS <u>Color.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular ACCIDENT</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>				DUE TO (c) <u>Fracture, rt. hip</u>				Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, rt. hip</u>								10 days	
19a. DATE OF OPERATION <u>7/19/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture rt hip</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cowgill Caldwell, Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 16 1952 7 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>slipped &amp; fell off floor</u>					
22. I hereby certify that I attended the deceased from <u>July 18, 1952</u> , to <u>July 26, 1952</u> , that I last saw the deceased alive on <u>July 26, 1952</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William H. Cline, M.D.</u>				(Degree or title)		23b. ADDRESS <u>902 Edmund St</u>		23c. DATE SIGNED <u>July 26, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bob Brayner, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>August 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl E. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry 224 So. 10</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Victor Bandy

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.