No. 300 FILED JAN 14 1953
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

618

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4103 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cleveland
c. LENGTH OF STAY (In this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cleveland 0190
d. STREET ADDRESS (If rural, give location) at home

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Louisa c. (Last) Ziegler
4. DATE OF DEATH (Month) Jan. (Day) 7 (Year) 53
5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 25, 1882
9. AGE (In years last birthday) 70 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) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Edwardsville Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Jacob Papst
13b. MOTHER'S MAIDEN NAME Louisa Strausen- Ziegler
14. NAME OF HUSBAND OR WIFE Charles Ziegler
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 Charles Zigeler, Cleveland Mo ADDRESS ~~Louisburg~~ Ks

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4341

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. At last developed a broncitis

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 20, 1952, *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. F. Falley Fm. D. (Degree or title)
23b. ADDRESS Louisburg Kansas
23c. DATE SIGNED 2-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 9, 53
24c. NAME OF CEMETERY OR CREMATORY Louisburg City
24d. LOCATION (City, town, or county) (State) Louisburg Miami Kas.
DATE REC'D BY LOCAL REG. 1-9-1953
REGISTRAR'S SIGNATURE Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE Ward B. Runyan ADDRESS Louisburg Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 10
CASS COUNTY
HEALTH DEPARTMENT

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 Ward B. Runyan

Licensed Embalmer No. 3222

P. O. Address Louisburg Kansas

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.