

FILED APR 16 1953

STANDARD CERTIFICATE OF DEATH

State File No.

14599

1755

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (In this place) 6 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - 3212 Linwood Blvd. 3568				e. STREET ADDRESS (If rural, give location) 3212 Linwood Blvd.							
3. NAME OF DECEASED (Type or Print)			a. (First) Dorothea		b. (Middle) 0		c. (Last) ZIEGLER				
			4. DATE OF DEATH		a. (Month) March		b. (Day) 29				
					c. (Year) 1953						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 20, 1865		9. AGE (In years last birthday) 88			
						IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Days 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener			10b. KIND OF BUSINESS OR INDUSTRY Self - Employed			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Zumsteg				13b. MOTHER'S MAIDEN NAME Elizabeth Zumsteg				14. NAME OF HUSBAND OR WIFE Fred Ziegler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Herbert F. Ziegler, 6405 High Dr. K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardiosis ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 yr. 14 years 4221			
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)			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>many years</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Mar. 14</u> , 19 <u>53</u> and that death occurred at <u> </u> from the causes and on the date stated above.											
23a. SIGNATURE John O. Skinner MD						23b. ADDRESS 1402 Bryant St. K.C. Mo.			23c. DATE SIGNED 3/20-53		
24. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE March 31 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town or county) (State) K.C., Mo.			
DATE REC'D BY LOCAL REG. 3-30-53			REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar			ADDRESS 1800 Linwood KC, Mo.		

(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.....
Signature of Student Embalmer

Signed *Glen E. Heck*.....

Licensed Embalmer No. *406*.....

P. O. Address *Kansas City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.