

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12469**

FILED MAY 14 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **512**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boyer	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph	c. LENGTH OF STAY (in this place) 14-10 m 25d	c. CITY OR TOWN No Kansas City	d. In 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 State Hospital No 2		e. STREET ADDRESS (If rural, give location) 342 E. Longfellow 6001	

3. NAME OF DECEASED a. (First) Frank b. (Middle) Ziegler c. (Last) Ziegler		4. DATE OF DEATH (Month) (Day) (Year) 5 8- 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 28 1877
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 3	IF UNDER 4 HRS. Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Switchman		10b. KIND OF BUSINESS OR INDUSTRY Rock Island, Ill.	
11. BIRTHPLACE (City and State or Foreign Country) Rock Island, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Frank Ziegler	13b. MOTHER'S MAIDEN NAME not given	13c. NAME OF HUSBAND OR WIFE Pauline 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 Pauline Ziegler
		ADDRESS 342 Longfellow 156700

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chc Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1420
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senile Psychosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Jan 1, 1956, to May 8, 1956, that I last saw the deceased alive on May 7, 1956, and that death occurred at 3:34 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph Herman M.D.	23b. ADDRESS St Joseph No 1 State Hosp No 2	23c. DATE SIGNED 5/8 56
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5/8/56	24c. NAME OF CEMETERY OR CREMATORY Kansas City, Kansas

DATE REC'D BY LOCAL REG. May 9, 1956	REGISTRAR'S SIGNATURE Lester M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Walter - Bowman
		ADDRESS St Joseph, Mo

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAY 18 1956

MAY 23 1956

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..... Eugene Wood

Licensed Embalmer No. 38

P. O. Address 319 1/2 10th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.