

FILED NOV 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34622**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Lexington</b> )	c. LENGTH OF STAY (If in place) <b>13 days</b>	c. CITY OR TOWN <b>Higginsville</b>	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 <b>Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>West side - 75410</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b> b. (Middle) <b>CARL</b> c. (Last) <b>ZIEMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>IO 18 56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 7, 1872</b>		9. AGE (In years last birthday) <b>84</b> IF UNDER 1 YEAR Months <b>I</b> Days <b>II</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Fredrick Ziems</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Wallis</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Meyer deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Albert Ziems</b> ADDRESS <b>Higginsville, Mo.</b>			

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.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Terminal Broncho Pneumonia</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Vascular Accident</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Previous Myocardial Infarctions</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  <b>12 days</b>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>		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) _____	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 **10-6** <sup>1956</sup> to **10-18** <sup>1956</sup>, that I last saw the deceased alive on **10-18** <sup>1956</sup>, and that death occurred at **8:30** <sup>p.m.</sup>, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. B. Best M.D.</b>		23b. ADDRESS <b>Higginsville, Mo.</b>		23c. DATE SIGNED <b>10-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Corder, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>10-22-56</b>	REGISTRAR'S SIGNATURE <b>Marion E. Eachus</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert R. Hoyle</b> ADDRESS <b>Higginsville, Mo.</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

1560

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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 *Forest R. Hofer*.....  
Licensed Embalmer No..... 480I  
P. O. Address..... Higginsville,

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.