

STANDARD CERTIFICATE OF DEATH

25797

State File No. ....

FILED JUL 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 78

1. PLACE OF DEATH

a. COUNTY Ray

b. CITY OR TOWN (If outside corporate limits, write RURAL and give town(ship)) rural Grape Grove

c. LENGTH OF STAY (In this place) up

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Ray

c. CITY OR TOWN Cowgill

d. Is residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) 0590

3. NAME OF DECEASED

a. (First) Henry William b. (Middle) \_\_\_\_\_ c. (Last) Zieseniss

4. DATE OF DEATH (Month) (Day) (Year) 7 3 1957

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 5- 1869 9. AGE (In years last birthday) 88

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) Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY self

11. BIRTHPLACE (City and State or Foreign Country) Cowgill, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Zieseniss 13b. MOTHER'S MAIDEN NAME Mary Emerick 14. NAME OF HUSBAND OR WIFE Mary Ellen Zieseniss

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 ADDRESS Mrs. Joe Newham, Cowgill, Missouri

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) Acute nephritis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic myocarditis

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? 2 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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 1-1-, 19 50, to 7-3-, 19 57, that I last saw the deceased alive on 7-3-, 19 57, and that death occurred at 11:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. C. Kilbourn M.D. 23b. ADDRESS Cowgill, Missouri 23c. DATE SIGNED 7-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 7-5-1957 24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery 24d. LOCATION (City, town, or county) (State) Cowgill, Missouri

DATE REC'D BY LOCAL REG. 7-8-1957 REGISTRAR'S SIGNATURE Malcolm Jackson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Missouri

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

2730

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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... *Cramer Clark* .....

Licensed Embalmer No.. *328*

P. O. Address *Kingston*

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.