

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28436

STATE FILE NUMBER

FILED AUG 23 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Indep. Sanit. &amp; Hosp.</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS <b>230 No. Cedar</b>		(If outside, give location) <u>3026</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MARTIN</b>			First	Middle <b>DAWYNE</b>	Last <b>ZEILER</b>
4. DATE OF DEATH <b>August 9, 1957</b>			Month	Day	Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 9, 1957</b>		9. AGE (In years last birthday) <b>0</b>
			IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>13</b> Min. <b>36</b>	IF UNDER 24 HRS. Hours <b>13</b> Min. <b>36</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and state or country) <b>Independence, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Buford S. Zeiler, Sr.</b>			14. MOTHER'S MAIDEN NAME <b>Lillie F. Oliver</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Buford S. Zeiler, Kansas City, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity - 5 1/2 months</b> DUE TO (b) <b>Premature Separation of Placenta</b> DUE TO (c) <b>-----</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>7615</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 days</b> <b>head</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>-----</b> Month <b>-----</b> Day <b>-----</b> Year <b>-----</b> a. m. <b>-----</b> p. m. <b>-----</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY
					STATE
21. I attended the deceased from <b>2:40 P. M.</b> on <b>8/9/57</b> and last saw <b>her</b> alive on <b>8/9/57</b> Death occurred at <b>-----</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree of title)			22b. ADDRESS <b>Kansas City, Mo.</b>		22c. DATE SIGNED <b>8/10/57</b>
23a. BURIAL, CREMATION, / REMOVAL (Specify)	23b. DATE <b>Aug. 10, 1957</b>	23c. NAME OF CEMETERY OR CREMATORRY <b>Md. Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>	
24. FUNERAL DIRECTOR <b>George C. Carson, Independence, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-10-57</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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AUG 20 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

*not embalmed*  
*J. H. Gibson*

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. *48*

P. O. Address *Indep 71*

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.