

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024304
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 337 Primary Registration District No. 4495 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Shelby Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby Co.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethel, Mo.		c. CITY OR TOWN Bethel, 10200	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Lydia Middle Matilda Last Ziegler			4. DATE OF DEATH Month June Day 22 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April, 24, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 1 Days 28 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City and state or country) Shelby Co. Missouri	
13. FATHER'S NAME William Kraft.			14. MOTHER'S MAIDEN NAME Matilda Schnauffer.		
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 Carl F. Ziegler, Bethel, Missouri.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis <i>She had had several little strokes the past few months</i>			INTERVAL BETWEEN ONSET AND DEATH 3 Wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis	
		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Shelbyville Mo	20g. COUNTY Shelby	20h. STATE Mo
21. I attended the deceased from Nov 17 1957 , to June 22 1958 and last saw her alive on June 22-58 Death occurred at About 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. G. Andrew MD		22b. ADDRESS Shelbyville Mo	22c. DATE SIGNED 6-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Bethel Zion Cemetery	23d. LOCATION (City, town, or county) (State) 1mi west of Bethel, Mo.
24. FUNERAL DIRECTOR C. W. Musgrove, Bethel, Missouri.		25. DATE RECD. BY LOCAL REG. June 28-58	26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
All 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

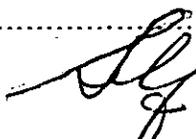
8961 01 TAP

STATEMENT BY LICENSED EMBALMER

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

by me, or by, Student Embalmer No.....

working under my personal supervision..

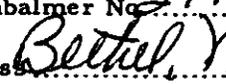


Student.....

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 271

P. O. Address 

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