

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040664

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 346

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARSHINE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mendon MO</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis</b>		Length of stay in 1b <b>7 1/2 hrs</b>	d. STREET (If outside, give location) ADDRESS <b>4 MI N EAST MENDON</b>
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Zeigler</b> Last <b>Zeigler</b>		4. DATE OF DEATH Month <b>Oct</b> Day <b>7</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W.</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>MARCH 14-1892</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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 country) <b>Camp Grove ILL</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Peter Zeigler</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Droll</b>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 1st World War</b>		16. SOCIAL SECURITY NO. <b>497-426075</b>	17. INFORMANT Address <b>MISMAE Reigelsberger Mendon MO</b>
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) <b>Arterio Sclerotic Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>
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 Month, Day, Year a.m. p.m.			
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 Death occurred at <b>9:30 a.m.</b> to <b>10-7-58</b> and last saw her/him alive on <b>10-7-58</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>St. Joseph</b>		22b. ADDRESS <b>Mendon MO</b>	22c. DATE SIGNED <b>10-7-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-11-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>	23d. LOCATION (City, town, or county) (State) <b>Mendon MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>S. L. Reipard Mendon MO</b>		25. DATE RECD. BY LOCAL REG. <b>10-9-58</b>	26. REGISTRAR'S SIGNATURE <b>Bishop Owens</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every entry must be typed in Part I must be causally related. No symptoms will be listed.

JAN 9 1959

NOV 19 1958

SEP 9 1963

DEC 29 1958

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 *Billie C. Gonder* .....

Licensed Embalmer No. *4980* .....

P. O. Address *Mendon, MA* .....

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.