

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013637

STATE FILE NUMBER

1640

REGISTRATION DISTRICT NO. 149 PRIMARY REGISTRATION DISTRICT NO. 1002 REGISTRAR'S NO. 1640

FILED APR 20 1959

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Englewood 80408	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 614 Edgewood	
3. NAME OF DECEASED (Type or print) First Middle Last CARL C. ZIEGLER		4. DATE OF DEATH Month Day Year March 30 1959	
5. SEX Male	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 Feb. 9, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Leonard Ziegler	
13b. MOTHER'S MAIDEN NAME Augusta Busch		14. NAME OF HUSBAND OR WIFE Ida Mae Ziegler	
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. 561-09-4592	
17. INFORMANT Francis Howe		Address 922 E. 30th St., K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Prathy embolism? DUE TO (c) Hard fracture femur on 3-18-59			INTERVAL BETWEEN ONSET AND DEATH e9040/21
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the Terminal disease condition given in PART I (a) Hard fracture femur on 3-18-59			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fall in front at 1919 Truman Road, K.C., Mo. 123		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3-18-59 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1919 Truman Rd.	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo
21. I attended the deceased from Death occurred at 12:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens Curator 3		22b. ADDRESS 1034 Prairie Blvd	22c. DATE SIGNED 3-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mch. 31, 1959	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) Englewood California
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, K.C. Missouri		25. DATE RECD. BY LOCAL REG. 3-31-59	26. REGISTRAR'S SIGNATURE New Marshall

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1-57

All diseases in Part I must be causally related.

OWENS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Item 20 base
corr. by addit
6-30-59 JH

MAY 8 9 1959

no 2 2813

MAY 5 1959

MAY 1 1959

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 Chester K Brown

Licensed Embalmer No. 4934

P. O. Address K P Reed

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.