

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-015741**

**FILED VS MAY 5 1960**

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 2174

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		a. STATE <b>Ill.</b>		b. COUNTY <b>Cook</b>	
Length of stay in lb <b>3 Mos.</b>		c. CITY OR TOWN <b>Oak Park</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>				d. STREET ADDRESS (If outside, give location) <b>1135 South Highland</b>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>EDITH</b>		Middle <b>BERTHA</b>		Last <b>ZIEGLER</b>		Month <b>4</b> Day <b>17</b> Year <b>60</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-20-84</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Breslau, Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry C. Huxhold</b>			13b. MOTHER'S MAIDEN NAME <b>Louise <del>Doorn</del> KNORREN</b>		14. NAME OF HUSBAND OR WIFE <b>Charles L. Ziegler</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>Prairie Village, Kansas Mrs. Myrtle Z. Weber, 4404 W. 67th</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b><del>Carcinoma of Rectum</del> Pulmonary Embolism</b>							<b>0</b>
DUE TO (b) <b>Bilateral Ileo-femoral Thrombophlebitis</b>							<b>1 mo.</b>
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>with extensive abdominal metastases Carcinoma of Rectum</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.		Month, Day, Year					
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>Feb 12, 1960</b> to <b>Apr. 17, 1960</b> and last saw her <b>alive</b> on <b>Apr. 16, 1960</b> Death occurred at <b>4:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>Avyle Bldg K.C., Mo</b>		22c. DATE SIGNED <b>4/18/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-18-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Waldheim Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Forest Park, Illinois</b>		
24. FUNERAL DIRECTOR <b>Wagner Funeral Home. K C Mo</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-18-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshel</b>		

MEDICAL CERTIFICATION  
Layton  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin R. Hansen

Licensed Embalmer No. H15

P. O. Address H. C. 7

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.