

# STANDARD CERTIFICATE OF DEATH

State File No. 25797

FILED JUL 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 78

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>rural Grape Grove</u>		c. CITY OR TOWN <u>Cowgill</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>059<sup>o</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Henry William Zieseniss</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7 3 1957</u>			
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>May 5- 1869</u>		<b>9. AGE</b> (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>self</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cowgill, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Henry Zieseniss</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Emerick</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Ellen Zieseniss</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Joe Newham, Cowgill, Missouri</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute nephritis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>    	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>   		<b>20. AUTOPSY?</b> <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  <u>4222</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 1-1-, 19 50, to 7-3-, 19 57, that I last saw the deceased alive on 7-3-, 19 57, and that death occurred at 11:20a m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>O. C. Kilbourn</u> <u>M.D.</u>		<b>23b. ADDRESS</b> <u>Cowgill, Missouri</u>		<b>23c. DATE SIGNED</b> <u>7-4-57</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>7-5-1957</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Cowgill Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cowgill, Missouri</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>7-8-1957</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Malul Jackson</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Cramer Clark, Kingston, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2730

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**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... *Cramer Clark* .....

Licensed Embalmer No.. *328*

P. O. Address *Kingston*

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.