

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42527**

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6081		Registrar's No. 91			
1. PLACE OF DEATH a. COUNTY Ray County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray					
b. CITY (If outside corporate limits, write RURAL and give town) Grape Grove		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) 0890		d. STREET ADDRESS (If rural, give location) 0890			
d. FULL NAME OF (If not in hospital or institution, give street address or location) Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)			
Mary		Ellen		Zieseniss		4. DATE OF DEATH (Month) (Day) (Year) 12 25 1956			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-23-1872			
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 24 HRS. 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		11. BIRTHPLACE (State or foreign country) Ray County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Herman Henry Cramer			13b. MOTHER'S MAIDEN NAME Matilda Shaffer			14. NAME OF HUSBAND OR WIFE Henry W. Zieseniss			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry W. Zieseniss, Cowgill, Missouri					
18. CAUSE OF DEATH 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver				INTERVAL BETWEEN ONSET AND DEATH 1 year	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan. 1st, 1956 , to Dec. 25, 1956 , that I last saw the deceased alive on Dec. 25, 1956 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Ock Kilbourn				(Degree or title) M.D.		23b. ADDRESS Cowgill, Mo.			
23c. DATE SIGNED 12-26-56									
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-27-56		24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery		24d. LOCATION (City, town, or county) (State) Cowgill, Missouri			
DATE REC'D BY LOCAL REG. Jan 2-1957		REGISTRAR'S SIGNATURE Malcol Jackson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Missouri					
(Licensed Embalmer's Statement on Reverse Side)									

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

JAN 22 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Cramer Colauk*

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.