

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033569
State File No.

FILED SEP 29 1958

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>California "Rural Walker"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL 3 MI. So Calif</u>		d. STREET ADDRESS (If rural, give location) <u>3-Mi. South California</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JULIA ANN</u>	b. (Middle)	c. (Last) <u>ZIEHMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25 1958</u>
--	-----------------------------	-------------	--------------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 4 1878</u>	9. AGE (In years) Last birthday <u>80</u>	UNDER 1 YEAR Months <u>6</u>	UNDER 1 YEAR Days <u>21</u>	IF UNDER 18 AGE Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Fredrick Beisler</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>August W Ziehmert</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Sam Ziehmert California Mo</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-Intestinal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u>			6 mos.
	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 <u>151X</u>	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 Sept 14, 1958, to Sept 14, 1958, that I last saw the deceased alive on Sept 14 1958, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard M. Dunnington M.D.</u>	(Degree or title)	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>9-26-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-27-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Salem Cemetery California</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>

DATE/REC'D BY LOCAL REG <u>9/27/58</u>	REGISTRAR'S SIGNATURE <u>Helmut D. Speyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>	ADDRESS <u>California Mo</u>
---	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

Hugh E. Williams

Licensed Embalmer No.

3537

P. O. Address

California Mo.

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