

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17549

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. No. 224 PRIMARY REG. DIST. No. 3046 Registrar's No. 31

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>Rural, Burris Fork</u> <u>0610</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH WALTER</u> b. (Middle) _____ c. (Last) <u>ZIEBOLD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 8, 1894</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau County 0</u>
12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Ziebold</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gerlach</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Peters</u> ADDRESS <u>Old, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombo-phlebitis left leg</u> <u>1 week</u> DUE TO (c) <u>Influenza</u> <u>2 weeks</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic anaemia</u> <u>Pernicious</u> <u>6 months</u>	
19a. DATE OF OPERATION <u>no operation</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>California Moniteau MO</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no injury</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>481X</u>	
22. I hereby certify that I attended the deceased from <u>April 1, 1950</u> , to <u>May 2, 1950</u> , that I last saw the deceased alive on <u>May 2, 1950</u> , and that death occurred at <u>7:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. L. Latham M.D.</u> (Degree or title)		23b. ADDRESS <u>California MO</u>	
23c. DATE SIGNED <u>5-3-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/4/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>California Lutheran Cem. California, MO.</u>		24d. LOCATION (City, town, or county) (State) <u>California, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-9-50</u>		REGISTRAR'S SIGNATURE <u>H.R. Poppey</u> <u>202</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME, California, MO.</u>		ADDRESS <u>California, MO.</u>	

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

RECEIVED MAY 10 1950  
District Health Officer No. 9,  
District File Number

JUN 7 1950

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 *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.