

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21246

State File No. ....

FILED JUN 23 1952

BIRTH NO. .... REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 44

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Moniteau</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rathan Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. south of California</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>GOETTLIEB</u> c. (Last) <u>ZIEBOLD</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 15 1952</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 12, 1866</u>
<b>9. AGE</b> (In years last birthday) <u>85</u>		<b>10. BIRTHPLACE</b> (State or foreign country) <u>Moniteau Co. Mo.</u>	<b>11. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.G.</u>
<b>12a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>checker in freight house</u>		<b>12b. KIND OF BUSINESS OR INDUSTRY</b> <u>railroad</u>	
<b>13a. FATHER'S NAME</b> <u>Joseph Ziebold</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Schneider</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>no</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>19. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic prostate</u>	
<b>20. INTERVAL BETWEEN ONSET AND DEATH</b>		<b>21. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>22. DATE OF OPERATION</b>		<b>23. MAJOR FINDINGS OF OPERATION</b>	
<b>24. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>25. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
<b>26. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>27. HOW DID INJURY OCCUR?</b>	
<b>28. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>29. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>30. I hereby certify that I attended the deceased from</b> <u>May 10</u> , 19 <u>52</u> , to <u>June 15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>52</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.			
<b>31. SIGNATURE</b> (Degree or title) <u>Francis J. Janyols M.D.</u>		<b>32. ADDRESS</b> <u>California, Mo.</u>	
<b>33. DATE SIGNED</b> <u>June 17, 52</u>		<b>34. BIRTHPLACE</b> (State or foreign country) <u>California</u>	
<b>35. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.G.</u>		<b>36. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 15 1952</u>	
<b>37. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>checker in freight house</u>		<b>38. KIND OF BUSINESS OR INDUSTRY</b> <u>railroad</u>	
<b>39. FATHER'S NAME</b> <u>Joseph Ziebold</u>		<b>40. MOTHER'S MAIDEN NAME</b> <u>Schneider</u>	
<b>41. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>42. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>43. SOCIAL SECURITY NO.</b> <u>no</u>		<b>44. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</u>	
<b>45. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic prostate</u>		<b>46. INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>47. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>48. DATE OF OPERATION</b>	
<b>49. MAJOR FINDINGS OF OPERATION</b>		<b>50. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
<b>51. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>52. HOW DID INJURY OCCUR?</b>	
<b>53. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>54. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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<b>66. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>67. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>68. SOCIAL SECURITY NO.</b> <u>no</u>		<b>69. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</u>	
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<b>72. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>73. DATE OF OPERATION</b>	
<b>74. MAJOR FINDINGS OF OPERATION</b>		<b>75. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
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<b>91. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>92. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>93. SOCIAL SECURITY NO.</b> <u>no</u>		<b>94. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</u>	
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<b>97. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>98. DATE OF OPERATION</b>	
<b>99. MAJOR FINDINGS OF OPERATION</b>		<b>100. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
<b>101. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>102. HOW DID INJURY OCCUR?</b>	
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<b>122. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>123. DATE OF OPERATION</b>	
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<b>147. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>148. DATE OF OPERATION</b>	
<b>149. MAJOR FINDINGS OF OPERATION</b>		<b>150. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
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<b>172. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>173. DATE OF OPERATION</b>	
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<b>191. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>192. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>193. SOCIAL SECURITY NO.</b> <u>no</u>		<b>194. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</u>	
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<b>197. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>198. DATE OF OPERATION</b>	
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<b>214. FATHER'S NAME</b> <u>Joseph Ziebold</u>		<b>215. MOTHER'S MAIDEN NAME</b> <u>Schneider</u>	
<b>216. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>217. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>218. SOCIAL SECURITY NO.</b> <u>no</u>		<b>219. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</u>	
<b>220. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic prostate</u>		<b>221. INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>222. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>223. DATE OF OPERATION</b>	
<b>224. MAJOR FINDINGS OF OPERATION</b>		<b>225. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
<b>226. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>227. HOW DID INJURY OCCUR?</b>	
<b>228. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>229. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>230. I hereby certify that I attended the deceased from</b> <u>May 10</u> , 19 <u>52</u> , to <u>June 15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>52</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.			
<b>231. SIGNATURE</b> (Degree or title) <u>Francis J. Janyols M.D.</u>		<b>232. ADDRESS</b> <u>California, Mo.</u>	
<b>233. DATE SIGNED</b> <u>June 17, 52</u>		<b>234. BIRTHPLACE</b> (State or foreign country) <u>California</u>	
<b>235. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.G.</u>		<b>236. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 15 1952</u>	
<b>237. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>checker in freight house</u>		<b>238. KIND OF BUSINESS OR INDUSTRY</b> <u>railroad</u>	
<b>239. FATHER'S NAME</b> <u>Joseph Ziebold</u>		<b>240. MOTHER'S MAIDEN NAME</b> <u>Schneider</u>	
<b>241. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>242. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>243. SOCIAL SECURITY NO.</b> <u>no</u>		<b>244. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</u>	
<b>245. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic prostate</u>		<b>246. INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>247. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>248. DATE OF OPERATION</b>	
<b>249. MAJOR FINDINGS OF OPERATION</b>		<b>250. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
<b>251. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>252. HOW DID INJURY OCCUR?</b>	
<b>253. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>254. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>255. I hereby certify that I attended the deceased from</b> <u>May 10</u> , 19 <u>52</u> , to <u>June 15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>52</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.			
<b>256. SIGNATURE</b> (Degree or title) <u>Francis J. Janyols M.D.</u>		<b>257. ADDRESS</b> <u>California, Mo.</u>	
<b>258. DATE SIGNED</b> <u>June 17, 52</u>		<b>259. BIRTHPLACE</b> (State or foreign country) <u>California</u>	
<b>260. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.G.</u>		<b>261. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 15 1952</u>	
<b>262. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>checker in freight house</u>		<b>263. KIND OF BUSINESS OR INDUSTRY</b> <u>railroad</u>	
<b>264. FATHER'S NAME</b> <u>Joseph Ziebold</u>		<b>265. MOTHER'S MAIDEN NAME</b> <u>Schneider</u>	
<b>266. NAME OF HUSBAND OR WIFE</b> <u>Minnie Bilyeau</u>		<b>267. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>268. SOCIAL SECURITY NO.</b> <u>no</u>		<b>269. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Ziebold</u>	
<b>270. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic prostate</u>		<b>271. INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>272. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>273. DATE OF OPERATION</b>	
<b>274. MAJOR FINDINGS OF OPERATION</b>		<b>275. PLACE OF INJURY</b> (a.e., in or about home, farm, factory, street, office bldg., etc.)	
<b>276. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>277. HOW DID INJURY OCCUR?</b>	
<b>278. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)			

101 2 1951

### 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.....

*A. E. Wilson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2351*

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.