

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState No. **4210**

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

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Camden</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles rural Cass 24</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Camden</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles rural Cass 24</u>		d. STREET ADDRESS (If rural, give location)		STAT ROUTE	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Route Star</u>				d. STREET ADDRESS (If rural, give location) <u>Star Route</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Douglas Kent</u>		b. (Middle) <u>Zimmerman</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>June 26-1937</u>		9. AGE (In years last birthday) <u>11</u>		IF UNDER 1 YEAR Months <u>17</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTH PLACE (State or foreign country) <u>Lincoln Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Harry Zimmerman</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Struble</u>		14. NAME OF HUSBAND OR WIFE <u>none</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 OR NAME <u>Dorothy Struble Zimmerman</u> ADDRESS <u>Camden Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>		ANTECEDENT CAUSES DUE TO (b) <u>Smoker has found fire</u>				9-17-49	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Home burned down 1897</u>				9-16-49	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>at night awakened to late to get out</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Versailles Star P Camden Co MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 11 1949-1A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>during fire which burned the home</u>			
22. I hereby certify that I attended the deceased from <u>VIEWED</u> <u>Feb 11, 1949</u> , to _____, 19____, that I last saw the deceased <u>alive on</u> <u>FEB 10</u> , 1949, and that death occurred at <u>1A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Abbie Woolery County Coroner</u>				23b. ADDRESS <u>Camden Mo</u>		23c. DATE SIGNED <u>Feb-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Camden Burial</u>		24b. DATE <u>Feb 14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fremont</u>		24d. LOCATION (City, town, or county) (State) <u>Fremont Neb</u>	
DATE REC'D BY LOCAL REG. <u>Feb 12-1949</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u> <u>42</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksau-Woolery</u> ADDRESS <u>Camden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 1-49-127

Date Filed 2-21-49

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.

Signed *Abner B. Woolery*

Signed _____
Student Embalmer

Licensed Embalmer No. *2488*

P. O. Address *Camden, Md.*

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.