

No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33279

19
6

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

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4097 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grand river</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>700 S.W. of Harrisonville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert William</u> b. (Middle) <u>Zimmerman</u> c. (Last) <u>Zimmerman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7, 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>May 13 1913</u>
9. AGE (In years last birthday) <u>36</u>		10. Hours <u>5</u> Min. <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Active)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Active</u>	
11. BIRTH PLACE (State or foreign country) <u>Peculiar, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W.M. Zimmerman</u>		13b. MOTHER'S MAIDEN NAME <u>Dora W. Lee</u>	
13c. NAME OF HUSBAND OR WIFE <u>Katherine Zimmerman</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Zimmerman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499059289</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Zimmerman</u>		17. ADDRESS <u>Peculiar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia due to endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and acute nephritis due to</u> DUE TO (c) <u>shuffover syndrome</u>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>0530</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L L L</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>L L L L</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>L</u>	
22. I hereby certify that I attended the deceased from <u>10-26</u> , 19 <u>47</u> , to <u>11-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-7</u> , 19 <u>49</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S.A. Jones</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>11-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 9 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov 9, 1949</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>Abrahamson</u> ADDRESS <u>Harrisonville Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.