

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32307**
Registrar's No. **254**

FILED OCT 8 1952

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		Registrar's No. 254		
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer				
b. CITY (If outside corporate limits, write RURAL and give township) Princeton		c. LENGTH OF STAY (in this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) Gainsville		0560		
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Marion c. (Last) Zimmerman			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19 1952					
5. SEX U Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6 1873		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Decatur County, Iowa.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME George Zimmerman		13b. MOTHER'S MAIDEN NAME Elanore Burns		14. NAME OF HUSBAND OR WIFE Corah May Zimmerman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Coral May Zimmerman Gainsville, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) retention of urine due to fibrosis of prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fibrosis of prostate					INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 3 yrs. 2 yrs	
19a. DATE OF OPERATION 9-15-52		19b. MAJOR FINDINGS OF OPERATION fibrosis of prostate				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) (m.)		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 8-19-52 , 19___, to 9-19-52 , 19___, that I last saw the deceased alive on 9-19-52 , 19___, and that death occurred at 8:20p m. , from the causes and on the date stated above.								
23a. SIGNATURE Rayon J. Axtell (Degree or title) D. O.				23b. ADDRESS Princeton, Missouri.		23c. DATE SIGNED 9/20/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 22 1952		24c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery		24d. LOCATION (City, town, or county) (State) Gainsville, Mo.		
DATE REC'D BY LOCAL REG. 10-1-52		REGISTRAR'S SIGNATURE Heil		393 393		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gainsville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

560
0

STATEMENT BY LICENSED EMBALMER

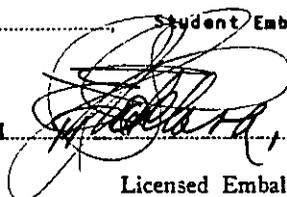
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.