

FILED JUN 5 1953

STANDARD CERTIFICATE OF DEATH 448 State File No.

BIRTH NO. REG. DIST. NO. 330 PRIMARY REG. DIST. NO. ~~448~~ Registrar's No. 2

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FORN FELT		c. LENGTH OF STAY (in this place) 31 YRS	c. CITY (If outside corporate limits, write RURAL and give township) FORN FELT		d. STREET ADDRESS (If rural, give location) 1000
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) LEE c. (Last) ZIMMERMAN			4. DATE OF DEATH (Month) (Day) (Year) MAY 26-1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 25, 1869	9. AGE (In years last birthday) 83	10. IF UNDER 1 YEAR Months 5
					11. IF UNDER 24 HRS. Hours 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) FRANKLIN COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME SAMUEL ZIMMERMAN		13b. MOTHER'S MAIDEN NAME SARAH FISHER		14. NAME OF HUSBAND OR WIFE SOPHONIA PIERCE	
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. 498-09-9048	17. INFORMANT'S SIGNATURE OR NAME Mrs Burette Cook Cap Sheridan ADDRESS MO		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic disease</u>				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4531			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 <u>Jan 10, 1953</u> , to <u>May 26, 1953</u> , that I last saw the deceased alive on <u>May 20, 1953</u> , and that death occurred at <u>8 A. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) M.D.			23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>5-18-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-28-53	24c. NAME OF CEMETERY OR CREMATORY LIGHTNER		24d. LOCATION (City, town, or county) (State) ILLMO, MISSOURI
DATE REC'D BY LOCAL REG. 5-28-53		REGISTRAR'S SIGNATURE <u>[Signature]</u> 300-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> <u>[Address]</u>	

RECEIVED
JUN 2 1958
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 653-118

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 _____

Oliver Amish

Licensed Embalmer No. _____

4470

P. O. Address _____

Delmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.