

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27610**

FILED AUG 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4039</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY Andrew				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Savannah		c. LENGTH OF STAY (In this place) 9 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Savannah		0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 N. 5th St.				d. STREET ADDRESS (If rural, give location) 205 N. 5th St.			
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle) Oscar		c. (Last) Zimmerman	
4. DATE OF DEATH August 13, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 17, 1873		9. AGE (In years last birthday) 80	
5. SEX male		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and State or Foreign Country) Andrew County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Dan Zimmerman		13b. MOTHER'S MAIDEN NAME Elizabeth Zimmerman	
14. NAME OF HUSBAND OR WIFE Lydia		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. 488-14-3090A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Zimmerman	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) + Hypertension & Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 yr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 153X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 7:20 , 1952, to 8-13, 1953 , that I last saw the deceased alive on 8-12, 1953 , and that death occurred at 3:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert O. Brown M.D.		23b. ADDRESS Savannah Mo.		23c. DATE SIGNED 8-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/16/1953		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		24d. LOCATION (City, town, or county) (State) Savannah, Missouri	
DATE REC'D BY LOCAL REG. 8-16-53		REGISTRAR'S SIGNATURE J. L. ...		25. FUNERAL DIRECTOR'S SIGNATURE Wesley ...			

(Licensed Embalmer's Statement on Reverse Side)

St Joseph, Mo.

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

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 W E Egan Jr

Licensed Embalmer No. 2701

P. O. Address 31950 11 St. East

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.