

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35290

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 162

0191
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL West Peculiar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HARRISONVILLE</u>		c. LENGTH OF STAY (in this place) <u>9 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARRISONVILLE MEMORIAL HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>6 1/2 MILES S.W. PECULIAR, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>Zimmerman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 53</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 24, 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES O. ZIMMERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>EMELIA VICTORIA TIPPIT</u>	14. NAME OF HUSBAND OR WIFE <u>MARY FRANCIS ZIMMERMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>UNABLE TO LOCATE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERBERT ZIMMERMAN - Peculiar, Mo.</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DEGENERATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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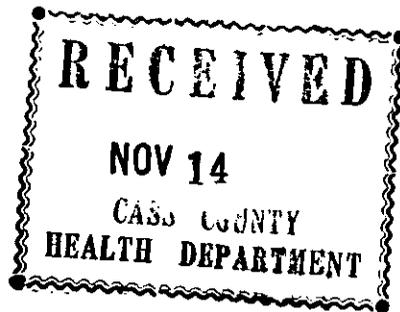
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov. 4, 1953, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 6, 1953, and that death occurred at 3:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Triplett M.D.</u> (Degree or title) _____	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>11-7-1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 9, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FREEMAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FREEMAN MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 9, 1953</u>	REGISTRAR'S SIGNATURE <u>Dorcas Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adrian Bus. Harrisonville, Mo.</u>	ADDRESS _____
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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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.