

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7443**

FILED MAR 17 1955

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 4059	Registrar's No. 188
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville		
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. LENGTH OF STAY (In this place) 50yrs		
3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) Nellie c. (Last) Zimmerman		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1955		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 30, 1867	9. AGE (In years last birthday) Months Days 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Jersey Co. Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown Hayes		
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE William E 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 Mrs Naomi Stockton 10530 St Philip Lane St. Ann, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 26 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease Unknown DUE TO (c) Advancing Age 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"/>
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) 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Feb. 22, 1955 , to Feb. 23, 1955 , that I last saw the deceased alive on Feb. 23, 1955 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. L. Smith		23b. ADDRESS Box 328 Neelyville Mo.		23c. DATE SIGNED 2-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 25/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Garden
24d. LOCATION (City, town, or county) (State) Butler Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCord-Gish Funeral Home Naylor, Mo.		
DATE REC'D BY LOCAL REG. 3/8/55		REGISTRAR'S SIGNATURE J. D. Muehle		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 14 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

MAR 27 1955

SEP 8 1955

VS AUG 31 1959

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 *Bryan M. Cord*

Licensed Embalmer No. *4079*

P. O. Address *Naylor, Me.*

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.