

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17713

State File No. _____

0080
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BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) <u>C</u> c. (Last) <u>Zimmerschied</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1st 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 20, 1864</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Months Year IF UNDER 2 HRS. Hours Min. <u>91 3 20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>Philip Zimmerschied.</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Schupp</u>		14. NAME OF HUSBAND OR WIFE <u>Alice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Bohling Cole Camp Mo</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>20 yrs</u> <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> <u>(Aortic stenosis & auricular fibrillation)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal pneumonia (pulmonary edema)</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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) (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 June 28, 1955, to June 30, 1955, that I last saw the deceased alive on June 30, 1955, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bohling</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warsaw, Mo.</u>	23c. DATE SIGNED <u>7-4-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 4th 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>American Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Pettis County Mo</u>

DATE REC'D BY LOCAL REG. <u>July 4 1955</u>	REGISTRAR'S SIGNATURE <u>W. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. L. Buchholz Cole Camp Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 26 1955

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 E L Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.