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FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39965

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian Co</u>	
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN <u>Ozark Mo Rural Turkey</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Ozark Mo</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Christian Rest Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <u>Ozark Mo</u>		<u>0220</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clinton</u> b. (Middle) <u>W</u> c. (Last) <u>Zimmerman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>"hite"</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Not Married</u>	8. DATE OF BIRTH <u>Feb 16-1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brick Layer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Not Known</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert C Mehrle, Caruthersville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Secondary to acute or fulminant Lobar Pneumonia</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>490X</u>		<u>5 days</u>	

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)	
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 Jan, 1955, to Dec 17, 1955, that I last saw the deceased alive on 12/17, 1955, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Conrad P. McCormick D.O.</u>		23b. ADDRESS <u>Ozark Mo</u>		23c. DATE SIGNED <u>12/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Ozark</u>		24e. (State) <u>Mo</u>			

DATE REC'D BY LOCAL REG. <u>Dec. 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Lella Leonard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 1956

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.