

FILED FEB 14 1956 STANDARD CERTIFICATE OF DEATH

State File No.

42

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph,		c. LENGTH OF STAY (in this place) 50 Yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 518 South 9th Street				e. STREET ADDRESS (If rural, give location) 518 South 9th Street				01110	
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Bert			c. (Last) Zimmerman			
4. DATE OF DEATH January 30th 1956			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Divorced			8. DATE OF BIRTH May 10th 1875			9. AGE (In years last birthday) 80 Yrs			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Plummer			10b. KIND OF BUSINESS OR INDUSTRY Plumbing			11. BIRTHPLACE (City and State or Foreign Country) Cameron, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			
14. NAME OF HUSBAND OR WIFE unknown			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. none			
17. INFORMANT'S SIGNATURE OR NAME Mrs. I. E. Worman, (Friend)			17. CITY ADDRESS 1027 Henry.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
18. CAUSE OF DEATH			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency			ANTECEDENT CAUSES					DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Chronic Bronchitis and Emphysema			Conditions contributing to the death but not related to the disease or condition causing death.					unknown	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4201					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) m.			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 12/16, 1953 to 1/30, 1956 that I last saw the deceased alive on 1/14, 1956 and that death occurred at 7:30a m., from the causes and on the date stated above.									
23a. SIGNATURE My Redmond MD			23b. ADDRESS St Joseph, Mo			23c. DATE SIGNED 2/3/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)			24b. DATE Febr. 2, 1956			24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			
24d. LOCATION (City, town, or county) St. Joseph, Missouri			24e. FUNERAL DIRECTOR'S SIGNATURE Walter M. Allison			24f. ADDRESS 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.....
Signature of Student Embalmer

Signed *Raymond D. Horch*.....

Licensed Embalmer No....⁴⁴¹³.....

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.