

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3688**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LEWIS</u>	
b. CITY OR TOWN <u>Kirkoville</u>		c. CITY OR TOWN <u>LABELLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>0001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lanphier</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB J.</u> b. (Middle) <u>ZIMMERMANN</u> c. (Last) <u>ZIMMERMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>6/6/1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days <u>8</u> Hours <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work concerning most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Labelle Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13. FATHER'S NAME <u>Martin Zimmerman</u>		13a. MOTHER'S MAIDEN NAME <u>Mary Judy</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Dupain Labelle Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PROBABLE CORONARY Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 MIN</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>UNKNOWN</u>		
		DUE TO (c) <u>At in Hospital 12 hours - Exams Not Completed at Death</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	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) <u>4201</u>
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 2-19, 1956, to 2-20, 1956, that I last saw the deceased alive on 2-19, 1956, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Lambert Jr Do-3</u>	23b. ADDRESS <u>Kertsmey, Mo</u>	23c. DATE SIGNED <u>2-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Labelle</u>	24d. LOCATION (City, town, or county) (State) <u>Labelle Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-20-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Alader</u> ADDRESS <u>Labelle Mo</u>
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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 myself, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed James A. Odier  
Licensed Embalmer No. 253

P. O. Address Leicester

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.