

FILED MAR 27 1956

THE DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

10325

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give town or township) Bonne Terre		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Farmington		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 Bonne Terre Hospital				f. STREET ADDRESS (If rural, give location) 19 Will-O-Way Court			
3. NAME OF DECEASED (Type or Print) Ernest		a. (First)		b. (Middle) Michael		c. (Last) Zimmer	
4. DATE OF DEATH March 15, 1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH March 8, 1901		9. AGE (in years last birthday) 55	
5. SEX Male		6. COLOR OR RACE White		10. KIND OF BUSINESS OR INDUSTRY Lead Mining		11. BIRTHPLACE (City and State or Foreign Country) Farmington, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13b. MOTHER'S MAIDEN NAME Rosa Dievel		14. NAME OF HUSBAND OR WIFE Beulah B. Zimmer		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michael C. Zimmer		17. INFORMANT'S SIGNATURE OR NAME Mrs. Beulah Zimmer		ADDRESS Farmington, Missouri			
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. 493-03-9614					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease				INTERVAL BETWEEN ONSET AND DEATH 10 yrs.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) with aortic stenosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)			
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) 411X			
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 , 1952, to March , 1956 that I last saw the deceased alive on 3-15-54 , and that death occurred at 1:20P m. , from the causes and on the date stated above.							
23a. SIGNATURE C-E. Carleton, MD				23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 3-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/56		24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		24d. LOCATION (City, town, or county) (State) Farmington, Missouri	
DATE REC'D BY LOCAL REG. Mar. 17, 1956		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home		ADDRESS Farmington, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

9561 6 2 NOV 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul Dugal

Licensed Embalmer No. *411*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.