

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24681

State File No. ....

FILED AUG 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 94

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

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Linn</b>	
b. CITY OR TOWN <b>Highway 28</b>		c. CITY OR TOWN <b>Cedar Rapids</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <b>313 17th Street, NE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernard</b>		b. (Middle) <b>Franklin</b>	
c. (Last) <b>Zimmerman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 23 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 16, 1931</b>
9. AGE (In years last birthday) <b>25</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Belle Plaine, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Carl L. Zimmerman</b>		13b. MOTHER'S MAIDEN NAME <b>Gladye (Unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>Mizabeth Zimmerman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. EMBALMER'S SIGNATURE OR NAME <b>G.S. Milligan, Lt Col, MSC, Fort Leonard Wood, Mo</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dislocation, joint, simple 5th &amp; 6th cervical vertebrae.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 28</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Cullen Twp</b> (COUNTY) <b>Pulaski</b> (STATE) <b>Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) <b>July 23, 1956</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>		22. I hereby certify that I attended the deceased <del>from</del> <b>on</b> <b>July 23</b> , 19 <b>56</b> , <del>at</del> <b>at</b> <b>12:00p</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>James B. White, Capt, MC</b>		23b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>	
23c. DATE SIGNED <b>24 July 1956</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>7-25-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	
24d. LOCATION (City, town, or county) (State) <b>Cedar Rapids Iowa</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HEDGES</b> ADDRESS <b>HOMES INC CROCKER MO</b>	
DATE REC'D BY LOCAL REG. <b>7-25-56</b>		REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	

RECEIVED 8-2-52  
Pulaski County Health Office  
File Number 94  
Date Filed 7-25-52

**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 Clarence Gross

Licensed Embalmer No. 4896

P. O. Address Wynnesville

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.