

FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27222

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 4518 Registrar's No. 56

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Taney</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Hollister</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>Mo</u>		b. COUNTY <u>Taney</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>Hollister</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>P.O. Box</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Zelia Elsie JIMON</u> First Middle Last				4. DATE OF DEATH <u>7-27-57</u> Month Day Year			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 19, 1885</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (City and state for country) <u>State of Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>A</u>		13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Clifford Jimon</u> Address <u>Hollister Mo</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary thrombosis</u> DUE TO (b) <u>Hypertension Essential</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>7-27-57</u> to <u>7-27-57</u> and last saw her alive on <u>7-27-57</u> Death occurred at <u>8 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>W C Magnus M.D.</u>			
22b. ADDRESS <u>Branson Mo</u>		22c. DATE SIGNED <u>7-24-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>7-31-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grave Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>		24. FUNERAL DIRECTOR <u>Whelchel F. Home</u> ADDRESS <u>Branson Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>8-2-57</u>		26. REGISTRAR'S SIGNATURE <u>Martha Chase Deputy</u>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 30 1958

APR 23 1957

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 *Muriel S. Wheeler*.....

Licensed Embalmer No. *277*

P. O. Address *Branford*

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.