

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39152**

FILED NOV 26 1957

BIRTH NO.		REG. DIST. NO. <b>27</b>	PRIMARY REG. DIST. NO. <b>5100</b>	Registrar's No. <b>115</b>
1. PLACE OF DEATH a. COUNTY <b>BATES COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri.</b> b. COUNTY <b>Bates.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, West Boone Twp</b>		c. LENGTH OF STAY (In this place) <b>1 yr.</b>	c. CITY OR TOWN <b>Rural.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Not in Hosp. At farm home.</b>		e. STREET ADDRESS (If rural, give location) <b>1/2 Miles S/E Drexel, Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>KELSEY</b> b. (Middle) <b>KERN</b> c. (Last) <b>ZIMMERLEE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 31, 1957.</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>Aug. 28, 1899</b>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>58 2 23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Decorating.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painter-Paperhanger.)</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bethany, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John M. Zimmerlee</b>		
13b. MOTHER'S MAIDEN NAME <b>Carrie Poole</b>		14. NAME OF HUSBAND OR WIFE <b>Charlene Zimmerlee Mo.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <b>Yes. World 1. Feb. 20 1919.</b>		16. SOCIAL SECURITY NO. <b>487-12-7593</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Charlene Zimmerlee, Drexel, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apparent coronary</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis.</b> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		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 <b>Sudden Death, Coroner, Case</b> , that I last saw the deceased alive on <b>10</b> , and the death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Douglas Donald St. Louis</b>		23b. ADDRESS <b>Butler, Mo</b>		23c. DATE SIGNED <b>10/31/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>11/3/1957.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Drexel, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Hays, Drexel MO.</b>		
DATE REC'D BY LOCAL REG. <b>Nov. 3. 1957</b>		REGISTRAR'S SIGNATURE <b>Randall Kury</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Hays, Drexel MO.</b>

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

17.0

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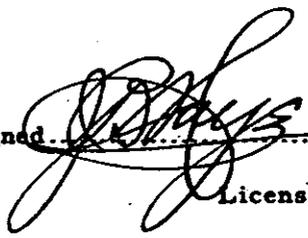
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by .....XXXXXXXXXXXXXXXXXX

working under my personal supervision.....

Student.....XXXXXXXXXXXXXXXXXX  
Signature of Student Embalmer

Signed  ..... J.B. Hays

Licensed Embalmer No...1950...

P. O. Address...Drexel...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.