

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029732
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Bear Creek Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN New Florence Mo 0700 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marya Nursing Home Length of stay in lb 2 Years		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Caroline Middle Zimmermann Last Zimmermann			4. DATE OF DEATH Month Aug Day 13 Year 1958			
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June-9-1870	9. AGE (In years last birthday) 88		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wuttenburg Germany 4	12. CITIZEN OF WHAT COUNTRY? U S		
13. FATHER'S NAME Fred Gutmann			14. MOTHER'S MAIDEN NAME Magdolena Enchilmeier			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Frieda Allemian New Florence Mo Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration with Decompensation INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
DUE TO (b) Arteriosclerotic Heart Disease 3 yrs.	
DUE TO (c) 4200	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Generalized Arteriosclerosis - Hypertension - Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Hour p. m. Month, Day, Year		

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 New Florence Mo COUNTY STATE
21. I attended the deceased from May 25, 1953 to Aug. 13, 1958 and last saw her ^{her} _{him} alive on Aug. 12, 1958 Death occurred at 4:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) C. A. Thompson DD 2		22b. ADDRESS New Florence Mo 22c. DATE SIGNED Aug 14-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug-15-1958	23c. NAME OF CEMETERY OR CREMATORY Hugo Cemetery	23d. LOCATION (City, town, or county) New Florence Mo (State)
24. FUNERAL DIRECTOR ADDRESS Baker Funeral Home - Americus Mo		25. DATE RECD. BY LOCAL REG. 8/25/58	26. REGISTRAR'S SIGNATURE Thomas C Durdon

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

6700
X
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 1 1930
SIV

VS AUG 17 1930

VS APR 4 1930

VS JUL 6 1930

VS MAR 28 1930

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 *D B Baker*

Licensed Embalmer No... 337

P. O. Address Americus, Mo

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.