

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030062
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI , COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NEELYVILLE 0120
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) MAIN ST.
3. NAME OF DECEASED (Type or print) OTTO ZIMMERMAN		First Middle Last	4. DATE OF DEATH July 31-1958 Month Day Year
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 6-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVALID		10b. KIND OF BUSINESS OR INDUSTRY INVALID	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) NEELYVILLE - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William ZIMMERMAN		13b. MOTHER'S MAIDEN NAME NELLIE HAYES	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address MRS. G.D. Stockton - St. Ann - Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) 332 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 2 day
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 July 16, 1958 to July 31, 1958 and last saw him alive on July 31, 1958 Death occurred at July 31 3:45 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. A. Hubert M.D.		22b. ADDRESS Farmers mo	22c. DATE SIGNED 9/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-31-58	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL GARDENS	23d. LOCATION (City, town or county) (State) Poplar Bluff - Mo.
24. FUNERAL DIRECTOR ADDRESS Edwards - PARRROT, Naylor Mo.		25. DATE RECD. BY LOCAL REG. Sept. 3, 1958	26. REGISTRAR'S SIGNATURE Esther Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

SEP 10 1958

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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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *B. T. Boyer*

Licensed Embalmer No. 3660
P. O. Address Desloge, 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.