THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-009767

MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1194

1. PLACE OF DEATH a. COUNTY Jackson

b. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp — Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass

c. CITY OR TOWN Belton — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 125 Hollywood — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BERTHA Middle ETHEL Last ZIMMERMAN

4. DATE OF DEATH Month 3 Day 1 Year 59

5. SEX Fe

6. COLOR OR RACE Wh

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Oct 28, 1887

9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) Sullivan Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Levi Mainard

13b. MOTHER'S MAIDEN NAME Mary A. Davidson

14. NAME OF HUSBAND OR WIFE Peter V. Zimmerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 497-14-0176

17. INFORMANT Naomi Zimmerman Address Belton Mo.

MEDICAL CERTIFICATION

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 Infarction — INTERVAL BETWEEN ONSET AND DEATH Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Operation Hysterectomy

DUE TO (c) Procidentia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-15-59 to 3-1-59 and last saw her/him alive on 3-1-59. Death occurred ~~Osteopathic Hospital~~ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quintos W. Wilson (Degree or title) DO

22b. ADDRESS 409 Wirthman KC Mo.

22c. DATE SIGNED 3-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-4-59

23c. NAME OF CEMETERY OR CREMATORY Garden City Cem

23d. LOCATION (City, town, or county) Garden City. (State) Mo.

24. FUNERAL DIRECTOR Ed George & Sons Inc ADDRESS Belton Mo

25. DATE RECD. BY LOCAL REG. 3-4-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Quintos W. Wilson

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Sterling E. Goddard

Licensed Embalmer No. 4916

P. O. Address Grandview

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.