

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012320

STATE FILE NUMBER

APR 20 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City ⁰²⁶⁴ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Med Center		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 404 HARRISON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Gladys HARRIS ZIMMERMAN			4. DATE OF DEATH Month Day Year April 16, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-14-02
9. AGE (In years - last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	
11. BIRTHPLACE (City and state or country) Mexico, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John M. HARRIS		13b. MOTHER'S MAIDEN NAME Margaret S. Green	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No	
16. SOCIAL SECURITY NO. 490-09-8069		17. INFORMANT Address Hospital Chart	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmonary Post-Septic embolism DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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 a.m. 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 COUNTY STATE
21. I attended the deceased from 3-23-59 to 4-16-59 and last saw her alive on 4-16-59 Death occurred at 10 45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh B. Sturtevant M.D.		22b. ADDRESS 807 Stadium Rd	22c. DATE SIGNED 4-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 19 1959	23c. NAME OF CEMETERY OR CREMATORY River View Cem.	23d. LOCATION (City, town, or county) (State) Jefferson City Mo
24. FUNERAL DIRECTOR Tanner Funeral Home		ADDRESS Jefferson City	DATE RECD. BY LOCAL REG. Apr 17 1959
25. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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

Licensed Embalmer No.....

P. O. Address

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.