

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020425

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 38 Primary Registration District No. 4057 Registrar's No. 280

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hallsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lawson
c. FULL NAME OF (If NOT in hospital, give location) Hartley Nursing Home		Length of stay in 1b 2 Years	d. STREET ADDRESS (If outside, give location) 0100
4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
NANCY	IDA	ZIMMERMAN	June	28	1959

5. SEX Female	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 11-9-1865	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Clinton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ivin Rhodus	13b. MOTHER'S MAIDEN NAME Emily Albright	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bess Clark	Address Columbia, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Decompensation		4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Enaciation, Malnutrition	6 months
	DUE TO (c) Senile debility	years
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		4232

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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from Death occurred at June 28, 1959	November 3, 1957 to June 26, 1959 and last saw her alive on June 26, 1959
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22a. SIGNATURE <i>Walter Sparks, D.O.</i>	(Degree or title) 2	22b. ADDRESS 311 Christian College Ave. Columbia, Missouri	DATE SIGNED 6-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 28-1959	23c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery	23d. LOCATION (City, town, or county) (State) Lawson, Missouri
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24. FUNERAL DIRECTOR PARKER FUNERAL SERVICE	ADDRESS Columbia Missouri	25. DATE RECD. BY LOCAL REG. June 28 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

310

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 *J. W. Phillips*

Licensed Embalmer No. *4897*

P. O. Address *Columbus, MS*

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.