

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 4 4 9

FILED VS JAN 11 1960

042

Primary Registration District No. 1000

Registrar's No. 1327

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b APP. 1 wks.		c. CITY OR TOWN Plattsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 404 Locust	
3. NAME OF DECEASED (Type or print) First ANNA Middle Sell Last ZIMMERMAN				4. DATE OF DEATH Month Dec. Day 31 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-2-1879	
9. AGE (last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY x		11. BIRTHPLACE (City and state or country) Plattsburg, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Daniel D. Sell		13b. MOTHER'S MAIDEN NAME Leak Hendrick		14. NAME OF HUSBAND OR WIFE Jacob L. Zimmerman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Paul Zimmerman St. Joseph, 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 Vascular Accident DUE TO (b) arteriosclerosis DUE TO (c) 20 years							INTERVAL BETWEEN ONSET AND DEATH 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 checked="" 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 Nov 3, 1959 to Dec 31, 1959 and last saw her ^{her} alive on Dec 30th 1959 Death occurred at 6 ^A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Sell Zimmerman M.D. (Degree or title)				22b. ADDRESS 420 N. 8th St. Plattsburg, MO.		22c. DATE SIGNED 1/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-2-1960		23c. NAME OF CEMETERY OR CREMATORY Brothers Cemetery		23d. LOCATION (City, town, or county) (State) Clinton County MO.	
24. FUNERAL DIRECTOR Lyon Funeral Home Inc. Plattsburg, MO.				25. DATE RECD. BY LOCAL REG. Jan. 1, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DOCUMENT

BY AFFIDAVIT OF

J. R. Forgrave, Medical Certification

YS MAR 7 1962

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 Phillip E. Cook

Licensed Embalmer No. 4993

P. O. Address Statenburg, S.C.

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.