

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-005997**

**FILED VS FEB 16 1960**

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 22

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Harrison</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in 1b <u>20 yr</u>	c. CITY OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>S. 12th Lot 28</u>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Norma</u> Middle <u>Elizabeth</u> Last <u>Zimmerlee</u>			<b>4. DATE OF DEATH</b> Month <u>2</u> Day <u>9</u> Year <u>1960</u>			
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11-26-1901</u>	<b>9. AGE (last birthday)</b> <u>58</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u> Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Kosciusko, Mississippi</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S.</u>	
<b>13a. FATHER'S NAME</b> <u>John Wilson Downs</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Belle Little</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fred Zimmerlee</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown); (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>498-24-5572</u>	<b>17. INFORMANT</b> <u>Elizabeth Zimmerlee, Bethany, Mo.</u> Address				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>				
<b>20c. TIME OF INJURY</b> Hour <u></u> a.m. <u></u> p.m. <u></u>	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	<b>20f. CITY, TOWN, OR LOCATION</b> <u></u>	<b>COUNTY</b> <u></u>	<b>STATE</b> <u></u>	
<b>21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.</b> Death occurred at <u>1:00 A.M.</u> on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>Thomas L. Wood</u> <u>D. I. Wood</u> <u>Dir. of Coroner</u>			<b>22b. ADDRESS</b> <u>Bethany, Mo.</u>		<b>22c. DATE SIGNED</b> <u>2-10-60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Funeral-Removed</u>	<b>23b. DATE</b> <u>2-11-1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Howell Funeral Home</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kosciusko, Mississippi</u>			
<b>24. FUNERAL DIRECTOR</b> <u>M. B. Haas</u> <u>Bethany,</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>2-11-1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Gella Maxey</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. Haas  
B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.