

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012858
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 22

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED MAY 1 1961	
1. PLACE OF DEATH a. COUNTY BUTLER	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY TEXAS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF	Length of stay in 1b 1 DAY
c. CITY OR TOWN CABOOL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EZRA Middle FRANKLIN Last ZIMMERMAN	
4. DATE OF DEATH Month APRIL Day 16 Year 1961	
5. SEX MALE	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 6-22-95
9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (City and state or country) WALNUT, IOWA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JAMES P. ZIMMERMAN	13b. MOTHER'S MAIDEN NAME SUSAN DERMEYER
14. NAME OF HUSBAND OR WIFE EMMA ZIMMERMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	
17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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) UREMIA.	INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) CHRONIC GLOMERULO-NEPHRITIS.	UNKNOWN
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC OBSTRUCTION, PULMONARY EMPHYSEMA.	
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 Month, Day, Year a.m. p.m.	
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.) VA
20f. CITY, TOWN, OR LOCATION COUNTY STATE April 15, 1961 to April 16, 1961	
21. I attended the deceased from 8:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Robert S. Cohen</i> ROBERT S. COHEN, M.D., Chief, Medical Svc.	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED 4/25/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-17-61
23c. NAME OF CEMETERY OR CREMATORY Cabool Cem.	23d. LOCATION (City, town, or county) (State) Cabool, Mo.
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 4-28-1961
26. REGISTRAR'S SIGNATURE <i>Thelma Fagan</i>	

MAY 1 1967

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 Charles E. Mung

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff,

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.