

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 27 1947

Registration District No. 199

Primary Registration District No. 5732

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon

(b) City or town South Gifford
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Billie Dee Zimmerman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced _____ 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 25 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

14 3 10 hr. _____ min.

9. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Willie W. Zimmerman

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alta Steele

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alta Zimmerman

(b) Address South Gifford Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 6 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Cannady

18. (a) Signature of funeral director W. H. McCallister

(b) Address South Gifford Mo

19. (a) Oct 22 - 47 (Date received local registrar)

(b) Stephene Howerton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town South Gifford
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5
year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Epilepsy

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 10-5-47

Where did injury occur to Gifford main mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. E. Edwards, Cooper (M.D. or other)

Address Bevier mo Date signed 10/6/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 10-47-1447
Date Filed OCT 25 1947

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clyde W. Callum*

Licensed Embalmer No. *3226*

P. O. Address *Elmer, Mo.*

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 this body is not embalmed, fact should be so stated above.