

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34384

State File No.

BIRTH NO.		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>4318</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vienna, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vienna, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Margaret</u>		c. (Last) <u>Zimmer</u>	
4. DATE OF DEATH		(Month) <u>10</u> (Day) <u>11</u> (Year) <u>1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 19, 1872</u>	
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		13a. FATHER'S NAME <u>Christopher Kloeppel</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Franke</u>	
13c. NAME OF HUSBAND OR WIFE <u>Steve Zimmer</u>		14. NAME OF HUSBAND OR WIFE <u>Vienna, Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Treasa Bocklage</u>		18. ADDRESS <u>Vienna, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4.5.500</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/23/1941</u> , to <u>10/9/1949</u> , that I last saw the deceased alive on <u>10/9/1949</u> , and that death occurred at <u>6:55 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. C. Howard, 2 D.O.</u>				23b. ADDRESS <u>Vienna, Missouri</u>		23c. DATE SIGNED <u>10/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Visitation Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-17-49</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Cunningham</u>		ADDRESS <u>Vienna, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,
RECEIVED
OCT 24 1958

SEP
9 1958

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed *W. C. Birmingham*
Student Embalmer No. _____

Licensed Embalmer No. *3664*

P. O. Address *Quincy, 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.