

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36199**

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4007</u>		Registrar's No. <u>384</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Amazonia</u> )		c. LENGTH OF STAY (in this place) <u>60 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Amazonia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>No street address</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Effie</u> c. (Last) <u>Zimmerman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 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>Sept. 19, 1870</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
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>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lilburn Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Anna M. ?</u>		14. NAME OF HUSBAND OR WIFE <u>A. Z. Zimmerman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Schweizer</u> ADDRESS <u>Amazonia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Stomach &amp; Colon Cancer</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 months</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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>Nov 9, 1944</u> , to <u>Nov 9, 1949</u> , that I last saw the deceased alive on <u>Nov 9, 1949</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arthur H. Kelly M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Governors, Mo</u>		23c. DATE SIGNED <u>Nov 12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amazonia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-13-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Spink</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stella Hawkins</u>		1946 ADDRESS <u>St. Joseph, Mo.</u>	

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



**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 \_\_\_\_\_

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Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.