

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40422

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 420

1. PLACE OF DEATH a. COUNTY <u>CAPE GARARDEAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GARARDEAN, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>WONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC HOSP.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>HOPE</u>	b. (Middle) _____	c. (Last) <u>BESS</u>	<u>DEC. 11, 1949</u>		

5. SEX <u>F. I</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 25, 1875</u>	9. AGE (In years last birthday) <u>74</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	if UNDER 24 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWF.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JAMES M. ZIMMERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>EMILY MCKELVEY</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. B. BESS</u>	ADDRESS <u>5370 PERSHING ST., GAYLES, MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensati</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemorrhage</u> DUE TO (c) <u>irritation intestinal</u>		
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"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Dec 9, 1949, to Dec 11, 1949, that I last saw the deceased alive on Dec 11, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Myers M.D.</u>	23b. ADDRESS <u>WPA Interville Mo</u>	23c. DATE SIGNED <u>12/12/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>GLEN ALLEN, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-13-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. BAKER</u>	ADDRESS <u>PUNER 26 HOME WUTESVILLE MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS SEP 1 1959

RECEIVED 12-19-49

OSCEOLA No. 4
Number 1249-1649

DEC 29 1958

MAR 23 1961

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 _____
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.