

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD-CERTIFICATE OF DEATH

13362  
State File No. 1540

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>418 West 68th Terr.</u>		d. STREET ADDRESS (If rural, give location) <u>418 W 68th Terr.</u>	
3. NAME OF DECEASED a. (First) <u>Edith</u>		b. (Middle) <u>Rambo</u>	
c. (Last) <u>Zimmerman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>December 19, 1890</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John C. Rambo</u>		13b. MOTHER'S MAIDEN NAME <u>Clara McLean</u>	
14. NAME OF HUSBAND OR WIFE <u>William G. Zimmerman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. G. Zimmerman</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Artery Sclerosis</u> <u>1 year</u> DUE TO (c) <u>Diabetes Mellitus</u> <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myxedema</u> <u>1 year</u>	
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>12-3-1948</u> to <u>3-31-1950</u> , that I last saw the deceased alive on <u>3-31-1950</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Graham Asher M.D.</u> (Degree or title)		23b. ADDRESS <u>1270 Professional Bldg - Kansas City 6 mo</u>	
23c. DATE SIGNED <u>4-1-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE UND. CO.</u>	
DATE REC'D BY LOCAL REG. <u>4-1-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	
ADDRESS <u>K. C., MO.</u>		ADDRESS <u>K. C., MO.</u>	

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

*1000  
P. R. M.  
B. B. B.*

**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 *Joseph M. McCarthy*  
Licensed Embalmer No. *46940*  
P. O. Address *K. C. M.*

**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.