

FILED JAN 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3498

BIRTH NO. REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 4485 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gornfelt</u>	c. LENGTH OF STAY (in this place) <u>28 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Gornfelt 1000</u>	d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED
a. (First) SOPHRONIA b. (Middle) JANE c. (Last) ZIMMERMAN
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Jan 7 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH JULY 20, 1872 9. AGE (If years last birthday) 78 10. IF UNDER 1 YEAR Months 5 Days 17 11. IF UNDER 10 HRS. Hours 17 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
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11. BIRTHPLACE (State or foreign country)
BOLLINGER COUNTY, MO

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME TAYLOR PIERCE 13b. MOTHER'S MAIDEN NAME HANNAH NISWONGER 14. NAME OF HUSBAND OR WIFE WM L Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)
No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Groe Lambert Sateville, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus

ANTECEDENT CAUSES
Morbid 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.
174X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Jan 6, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE G. Z. Niswonger M.D. (Degree or title) 23b. ADDRESS Illmo, Mo. 23c. DATE SIGNED 1-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE JAN. 9, 1951 24c. NAME OF CEMETERY OR CREMATORY Lightner Memorial 24d. LOCATION (City, town, or county) (State) Illmo, Missouri

DATE REC'D BY LOCAL REG. 1-7-51 REGISTRAR'S SIGNATURE G. Z. Niswonger 300 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beapling Hoffmann Home Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 8 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 151-14

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

Ollie Carmick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.