

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3757

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 11

0080

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

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Williams Township</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Williams Township</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles North East of Cole Camp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles North East of Cole Camp</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Williams Township</u>	

3. NAME OF DECEASED (Type or Print) <u>Mathilda</u>	a. (First)	b. (Middle) <u>Meta</u>	c. (Last) <u>Zimmerschied</u>	4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>24th</u> (Year) <u>1951</u>
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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>Oct 25th 1882</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Schnakenberg</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Schnakenberg</u>	14. NAME OF HUSBAND OR WIFE <u>John Zimmerschied</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Zimmerschied</u> ADDRESS <u>Cole Camp 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>491X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) <u>Senility</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) (Minute)	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 2-12, 1951, to 2-24, 1951, that I last saw the deceased alive on 2-23, 1951, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. W. Inouland</u> (Degree or title) <u>J. D.</u>	23b. ADDRESS <u>Cole Camp Mo</u>	23c. DATE SIGNED <u>2-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 27th 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>	24d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 26 1951</u>	REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u> 394	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eichhoff</u> ADDRESS <u>Cole Camp Mo</u>
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RECEIVED 3-5-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 3-5-51

**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 E. L. Eichhoff

Licensed Embalmer No. 230

P. O. Address Cole Camp 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.