

STANDARD CERTIFICATE OF DEATH

State File No. 20958

FILED JUL 3- 1951

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 218	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Sedalia		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1704 South Grand				d. STREET ADDRESS (If rural, give location) 1704 South Grand 0			
3. NAME OF DECEASED (Type or Print)		a. (First) EMIL		b. (Middle) CARL		c. (Last) ZIMMERSCHIED	
4. DATE OF DEATH		(Month) June		(Day) 28,		(Year) 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 23, 1877	
9. AGE (in years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Zimmerschied		13b. MOTHER'S MAIDEN NAME Shannette Schupp		14. NAME OF HUSBAND OR WIFE Emelia S. Zimmerschied			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emelia Zimmerschied, 1704 Grand Sedalia.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jacksonian Epilepsy				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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) m.		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 10:50, 19 June 28, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 5:12 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. L. Walter M.D.		23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED June 29 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Lamb Cemetery		24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.	
DATE REC'D BY LOCAL REG. 6/30/51		REGISTRAR'S SIGNATURE R. B. Hall Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Charles E. Ewing ADDRESS Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-2-51

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

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3847

P. O. Address Sealaska

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.