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

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22511

FILED AUG 3 1951

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Mo.</u> COUNTY <u>Cole</u> <u>319 Pear &amp; Elm</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (If this place) <u>4 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles Still-Cater Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>319 - P - E - Elm</u>		

3. NAME OF DECEASED (First) <u>Rose</u> (Type or Print)		b. (Middle) <u>Mary</u>		c. (Last) <u>Zimmermann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 - 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>June 12 1950</u>		9. AGE (In years last birthday) <u>1</u> If under 1 year: Months <u>7</u> Days <u>7</u> If under 48 hours: Hours <u>7</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Columbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Howard Zimmermann</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Louise Zimmermann</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Zimmermann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give number or date of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Zimmermann</u> ADDRESS <u>319 R</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>				
		ANTECEDENT CAUSES				
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) <u>ASPIRATION &amp; SWALLOWING</u>				
		DUE TO (c) <u>KEROSENE</u>				
		II. OTHER SIGNIFICANT CONDITIONS			88810 14	
		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>121</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IN HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JEFFERSON CITY COLE MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 19 - 1951 6:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DRANK KEROSENE</u>	

22. I hereby certify that I attended the deceased from JULY 19, 1951, to JULY 19, 1951, that I last saw the deceased alive on JULY 19, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. Michael, D.O.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>7/19/51</u>	
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24a. BURIAL: CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller town Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 28 - 1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Lane</u> ADDRESS <u>700 Jefferson</u>	
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RECEIVED 8-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 8-2-51 .....

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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.....

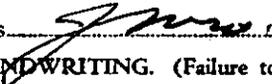
..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 3641 .....

P. O. Address  .....

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.