

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42486

State File No.

FILED DEC 26 1951

BIRTH NO. 86922-51 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>	
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2109 E. BROADWAY, SEDALIA, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROGER</u> b. (Middle) <u>KENT</u> c. (Last) <u>ZIMMERSCHIED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 / 9 / '51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>DEC. 7, 1951</u>
9. AGE (In years last birthday) <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>*</u>	11. BIRTHPLACE (State or foreign country) <u>SEDALIA, MISSOURI</u>
	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JUNIOR ZIMMERSCHIED</u>	13b. MOTHER'S MAIDEN NAME <u>VITULA OELRICH</u>	14. NAME OF HUSBAND OR WIFE <u>INFANT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>***</u>	16. SOCIAL SECURITY NO. <u>***</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JUNIOR ZIMMERSCHIED, SEDALIA, MO.</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>Pulmonary atelectasis</u> ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>76 20</u>	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) (Min.)	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 12-7, 1951, to 12-9, 1951, that I last saw the deceased alive on 12-9, 1951, and that death occurred at 5:50 P m., from the causes and on the date stated above.

23. SIGNATURE <u>Chas. Gordon Aufzuehl M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>12-12-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/10/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SEDALIA, MO.</u>

DATE REC'D BY LOCAL REG. <u>12/10/1951</u>	REGISTRAR'S SIGNATURE <u>R. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. McKeach Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed **DEC 26 1951** _____

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.