

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24280

State File No. _____

DECEASED AUG 11 1952

BIRTH NO. 44832 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY rettis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lake Creek Township 1800					
d. FULL NAME OF HOSPITAL OR INSTITUTION Getzel Hospital				d. STREET ADDRESS (If rural, give location) Mora Mo					
3. NAME OF DECEASED (Type or Print) Marvin		a. (First)		b. (Middle) --		c. (Last) Zimmerschied		4. DATE OF DEATH (Month) (Day) (Year) July 30th 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Single		8. DATE OF BIRTH July 30th 1952		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Days 1 IF UNDER 14 HRS. Min. 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elmer Zimmerschied				13b. MOTHER'S MAIDEN NAME Edna Schmacher		14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No --				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Zimmerschied Mora Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) myocardial and gasperatory Failure due to insufficient development ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) at 6 months premature DUE TO (c) Multiple Pregnancy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. She came for the mother to start labor at this time could not be determined						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 774X						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)		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 7-30 1952, to 7-31 1952, that I last saw the deceased alive on 7-31 1952, and that death occurred at 6:50 P.m., from the causes and on the date stated above.									
23a. SIGNATURE C.W. Ireland (Degree or title) DO				23b. ADDRESS Cole Camp Mo				23c. DATE SIGNED 8-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 2nd 52		24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery		24d. LOCATION (City, town, or county) (State) Benton County Missouri			
DATE REC'D BY LOCAL REG. Aug-4-52		REGISTRAR'S SIGNATURE Florence Adair 4-22		25. FUNERAL DIRECTOR'S SIGNATURE E. H. Eickhoff		ADDRESS Cole Camp Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Eickhoff E L Eickhoff

Licensed Embalmer No. 730

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.