

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24281

State File No.

FILED AUG 11 1952

BIRTH NO. <u>41816</u>		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Clinton</u> c. LENGTH OF STAY in this place (If rural, give location) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Lake Creek Township</u> <u>0800</u> d. STREET ADDRESS (If rural, give location) <u>Mora Mo</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u> b. (Middle) ----- c. (Last) <u>Zimmerschied</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>31st</u> (Year) <u>1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 29th 1952</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR <u>0</u> Months <u>0</u> Days <u>0</u> Hours <u>6</u> Min. <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home infant</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Elmer Zimmerschied</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Schumacher</u>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmo Zimmerschied</u> ADDRESS <u>Mora Missouri</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, asphyxia, etc.: It means the disease, injury, or complication which caused death. f. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial and respiratory failure due to insufficient development at 6 month premature</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) <u>Multiples pregnancy the cause for the mother to start labor at this stage could not be determined</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"/>				INTERVAL BETWEEN ONSET AND DEATH -----			
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) <u>774X</u>		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 <u>7-30</u> , 1952, to <u>7-30</u> , 1952, that I last saw the deceased alive on <u>7-30</u> , 1952, and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>G.W. Moreland</u>	
23b. ADDRESS <u>Cole Camp, Mo</u>		23c. DATE SIGNED <u>7-31-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 2, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Cichoff</u> ADDRESS <u>Cole Camp Mo</u>		DATE REC'D BY LOCAL REG. <u>Aug 4-52</u> REGISTRAR'S SIGNATURE <u>Florence</u>	

(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. Eichhoff

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.