

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41625

ED JAN 12 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1387

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Doniphan</u>	
c. LENGTH OF STAY (in this place) <u>7 days.</u>		d. STREET ADDRESS (If rural, give location) <u>Bendena.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeanneta</u> b. (Middle) <u>Effie</u> c. (Last) <u>Zimmerman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan 5, 1870</u>
9. AGE (In years last birthday) <u>82.</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>School teacher (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13. FATHER'S NAME <u>John C. Zimmerman</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Lee.</u>		14. NAME OF HUSBAND OR WIFE <u>None.</u>	
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>Sophia Zimmerman</u> ADDRESS <u>Bendena, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the liver</u> ANTECEDENT CAUSES Morbid 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 <u>2 yrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☒ NO ☐	
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) <u>3:50 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 10, 1952, to Dec 29, 1952, that I last saw the deceased alive on 12-29, 1952, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. H. Blair D.O.</u>		23b. ADDRESS <u>Tray, Kansas</u>		23c. DATE SIGNED <u>12/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tray, Kansas</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Karr Funeral Home</u>		24f. ADDRESS <u>Tray, Kan.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cast Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Karr Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1000 1000 1000

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. 3532

P. O. Address May Kans

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.