

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1703**
10

BIRTH NO. **11 ED FEB 9 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 150 X	
c. LENGTH OF STAY (in this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 901 Pacific Avenue 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) H.	c. (Last) Zimmerman	4. DATE OF DEATH (Month) (Day) (Year) January 1, 1953
--	-----------------------	----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1887	9. AGE (In years last birthday) 65	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HRS. Hours	# UNDER 1 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	--------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer	10b. KIND OF BUSINESS OR INDUSTRY U.P. Railroad	11. BIRTHPLACE (City and State or Foreign Country) Hodgeman Co. Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Henry Zimmerman	13b. MOTHER'S MAIDEN NAME Jane Irvine	14. NAME OF HUSBAND OR WIFE Mary A. Zimmerman
---	--	--

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. 712-03-3851	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary A. Zimmerman, 901 Pacific, K.C.K.
--	--	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		8 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) _____		2 yrs
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			331 K

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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 **12-20, 1953** to **1-1, 1953**, that I last saw the deceased alive on **Jan. 1, 1953**, and that death occurred at **3:45A** m., from the causes and on the date stated above.

23a. SIGNATURE Graham Owens, MD (Degree or title) MD	23b. ADDRESS Kansas City, Missouri	23c. DATE SIGNED 1/2/53
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/3/53	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Junction City, Kansas
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. 1-2-53	REGISTRAR'S SIGNATURE Gerald Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jas. A. Butler's Sons, Kansas City, Kansas
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

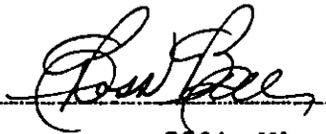
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3264 Missouri

P. O. Address Kansas City 2, Kansas

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.