

FILED NOV 1-9-1953

STANDARD CERTIFICATE OF DEATH

1003

State File No. 41432

REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

Registrar's No. 10212

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Columbia
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) 107 Macher	
3. NAME OF DECEASED (Type or Print) a. (First) Wilma	b. (Middle) Groves	c. (Last) Zimwalt	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1953.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 31, 1917
9. AGE (In years last birthday) 36.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and State or Foreign Country) Drexell, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Dora D. Groves.	13b. MOTHER'S MAIDEN NAME Gertrude Nelson	14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME Mrs. P. Groves	ADDRESS 107 Macher, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) Pneumothorax; Hydrothorax; Traumatic Epinephritis; Fracture of Facial Bones; suffered in auto accident. DUE TO (b) October 16, 1953, about 11:30 P.M. on Highway #40, in Calloway County, Mo. Cause and</p>		INTERVAL BETWEEN ONSET AND DEATH Hydrothorax; AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cause not be determined. Open Verdict		AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. PLACE OF DEATH (Specify) Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 017	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 345A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick L. Dylor, Coroner		23b. ADDRESS 307 Clark	23c. DATE SIGNED 10/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-27-53	24c. NAME OF CEMETERY OR CREMATORY Drexell, Missouri.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 27 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	

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

MAR 24 1952

JUN 11 1954

MAR 25 1957

NOV 19 1952

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.....
Signature of Student Embalmer

Signed. *Etton J. Penner*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.