

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2131**

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4348** Registrar's No. **2**

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

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		
c. LENGTH OF STAY (in this place) 17 year		d. STREET ADDRESS (If rural, give location) South Madison Street 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION South Madison Street		e. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1954		
3. NAME OF DECEASED a. (First) ALBERT b. (Middle) ALVIN c. (Last) ZIMMERMAN			4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9 1880	
9. AGE (In years last birthday) 75	10. MONTHS 5	11. HOURS 15	12. MINUTES 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Calhoun, county, Illinois	
12. CITIZENSHIP OF WHAT COUNTRY S. A.		13a. FATHER'S NAME Godfrey Zimmerman		
13b. MOTHER'S MAIDEN NAME Anna Adams		14. NAME OF HUSBAND OR WIFE Mrs. Anna 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. none	17. INFORMANT'S SIGNATURE OR NAME & ADDRESS Mo Alma Mitchell Wellsville 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt Pulmonary Infarct - due to Pulmonary Embolism ANTECEDENT CAUSES Essential Thrombosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho Pneumonia DUE TO (c) Arteriosclerosis of Renal Arteries		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1/23/54 9/15/51 1/23/54 Aug 1853		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION X - Ragged Rupture Heart - St Louis, Mo		
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) 491X		
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 9-15, 1951 , to 1-24, 1954 , that I last saw the deceased alive on 1-23, 1954 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. J. Anderson, M.D.		23b. ADDRESS Montgomery City, Mo	23c. DATE SIGNED 1/25/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 26/54	24c. NAME OF CEMETERY OR CREMATORY St. Patrick Catholic	
24d. LOCATION (City, town, or county) (State) Jonesburg, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS H. B. Helled Wellsville Mo		
DATE REC'D BY LOCAL REG. 1-26-54		REGISTRAR'S SIGNATURE W.S. Romans Jr		

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. 1588

P. O. Address _____
Hillsville 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.