

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17902

FILED JUL 6 1954

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY OR TOWN <u>RURAL LORANCE</u>		c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		c. CITY OR TOWN <u>RURAL LORANCE TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) <u>JULIA</u>		a. (First) <u>G.</u>		b. (Middle) <u>ZIMMERMAN</u>		c. (Last)	
4. DATE OF DEATH <u>6-23-1954</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>5-4-1867</u>		9. AGE (in years last birthday) <u>87</u>		10. MONTHS <u>1</u>		11. DAYS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWF.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM BERRY</u>		13b. MOTHER'S MAIDEN NAME <u>CINTHA BARKS</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OSCAR ZIMMERMAN GLEN ALLEN</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephroses</u> DUE TO (c) <u>Tuberculosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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)		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 <u>6/23/54</u> , 19 <u>54</u> , to <u>6/23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/23</u> , 19 <u>54</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.D. Phipps</u>		23b. ADDRESS <u>W.D. Phipps</u>		23c. DATE SIGNED <u>6/28/54</u>		23d. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN</u>	
23e. LOCATION (City, town, or county) (State) <u>MO.</u>		23f. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN</u>		23g. LOCATION (City, town, or county) (State) <u>MO.</u>		23h. DATE SIGNED <u>6/28/54</u>	
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23bx. NAME OF CEMETERY							

CCAI 62 822

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. 4010

P. O. Address Luttwil, 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.