

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40093

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4041</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Bollinger</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glenallen</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Bollinger</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glen Allen</u>		d. STREET ADDRESS		(If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Berry</u>		b. (Middle) <u>Lamont</u>		c. (Last) <u>Zimmerman</u>	
4. DATE OF DEATH		(Month) <u>11-</u>		(Day) <u>26th</u>		(Year) <u>54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 29th 1921</u>	9. AGE (In years last birthday) <u>33</u>	10. UNDER 1 YEAR <u>4</u> Months	11. UNDER 10 HRS. <u>23</u> Hours	12. UNDER 1 MIN. <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Bollinger</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>A J Zimmerman</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Berry</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar Zimmerman Glenallen Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Rupture of aortic aneurism</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
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) (Min.)	
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 <u>11/26</u> , 19 <u>54</u> , to <u>11/26</u> , 19 <u>54</u> , that I last saw the deceased <u>deceased</u> <u>11/26</u> , 19 <u>54</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Myers D.O.</u>		23b. ADDRESS <u>2 Milesville Mo</u>		23c. DATE SIGNED <u>12/17/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 28th</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glenallen</u>		24d. LOCATION (City, town, or county) (State) <u>Glenallen Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2 1954</u>		REGISTRAR'S SIGNATURE <u>William Van Amburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>		ADDRESS <u>Stearville</u>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1956

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

T. E. Graham

Licensed Embalmer No. *4010*

P. O. Address

Interden

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.