

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41333

5625

BIRTH NO. _____ 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 MISSOURI b. COUNTY CLAY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 24 days	c. CITY OR TOWN EXCELSIOR SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			STREET ADDRESS (If rural, give location) 335 EAST BROADWAY		
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) (NMI) c. (Last) ZIMMERMAN			4. DATE OF DEATH (Month) (Day) (Year) December 6, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 10, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and State or Foreign Country) Scammon, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Zimmerman		13b. MOTHER'S MAIDEN NAME Kathryn Razor		14. NAME OF HUSBAND OR WIFE Mollie ZIMMERMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MOLLIE ZIMMERMAN EXCELSIOR SPRINGS MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple abdominal abscesses			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 weeks		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, head of pancreas			5 months		
DUE TO (c)			157x		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary atelectasis			3 days		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) VA 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 Nov. 12 , 19 54 , to Dec. 6 , 19 54 , from the time of death and that death occurred at 12:40 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE NORTHEA WEYBRIGHT, M.D.			23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 12/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Dec. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS MISSOURI
DATE REC'D BY LOCAL REG. 12-7-54 newa minshall		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. J. Kucanovic 1331 1/2 E. 13th St. KANSAS CITY, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

3561 9 NOV

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..... *John B Lewis*.....
Licensed Embalmer No. 487

P. O. Address..... K C W.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.