

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17399
State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. CITY OR TOWN <u>Slater</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>128 E. Emma</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>128 E. Emma</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>WESLEY</u>	c. (Last) <u>ZIMMERMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1955</u>
-------------------------------------	------------------------	---------------------------	----------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mch. 5, 1900</u>	9. AGE (in years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linotype Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Holden, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>William J. Zimmerman</u>	13b. MOTHER'S MAIDEN NAME <u>Marinda J. Honaker</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Marie Zimmerman</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If year, give year or dates of service) <u>WW I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Marie Zimmerman</u>	ADDRESS <u>Slater, Mo.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-6 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) <u>Coronary Insufficiency</u>		
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 <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) (Min.)	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 N.D., 1954, to May 19, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Nelson Swan, M.D.</u>	23b. ADDRESS <u>214 1/2 N. Main, Slater, Mo.</u>	23c. DATE SIGNED <u>5-20-55</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>May 23 55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Carl C. Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Fersherger</u>	ADDRESS <u>Marshall, Mo.</u>
---	--	--	------------------------------

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

971
1

1955
O T T M P

1960
MAY 2

JUL 13 1959

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 *Joseph R. Mackler*

Licensed Embalmer No...*451*

P. O. Address *Marsh*

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.