

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32713

State File No.

Zimmerman
FILED NOV 14 1955
BIRTH NO. *86324-55*

REG. DIST. NO. *107* PRIMARY REG. DIST. NO. *3019* Registrar's No. *113*

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY OR TOWN Kennett	
c. LENGTH OF STAY (in this place) 2 Days		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		f. STREET ADDRESS (If rural, give location) 1723 Bradley St.	

3. NAME OF DECEASED (Type or Print) a. (First) Sylvetta b. (Middle) --- c. (Last) Topping			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18 - 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) XX	8. DATE OF BIRTH Sept 17 - 1955		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Kennett Mo.	
13a. FATHER'S NAME Sherman Topping			13b. MOTHER'S MAIDEN NAME Lorene Gattis		14. NAME OF HUSBAND OR WIFE XX
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. XX		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bessie Bridges ADDRESS Kennett Mo. Rt. 1	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		INTERVAL BETWEEN ONSET AND DEATH Hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776X	

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 17 Sept, 1955, to 18 Sept, 1955, that I last saw the deceased alive on 17 Sept, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joe A. Zimmerman</i> (Degree or title) M.D.		23b. ADDRESS Kennett Mo.		23c. DATE SIGNED 21 Sept 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 19-55		24c. NAME OF CEMETERY OR CREMATORY Gregory Cemetery	
24d. LOCATION (City, town, or county) (State) Kennett Mo. Rt.		DATE REC'D BY LOCAL REG. 9-22-55		REGISTRAR'S SIGNATURE <i>Carl Hubbs</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service		ADDRESS Kennett Mo.			

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 10-10
COUNTY FILE NUMBER 1.

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 *Edgar Lee Jove*.....

Licensed Embalmer No. *4442*

P. O. Address *Kennerly*

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.