

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42803

State File No.

FILED JAN 6 1956

11435

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11435</u>									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Wayne City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Enroute City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>General Delivery</u>				<u>81208</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Leonard</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Zimmerman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 26, 1891</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County, Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles Zimmerman</u>				13b. MOTHER'S MAIDEN NAME <u>Florence Chalkraft</u>				14. NAME OF HUSBAND OR WIFE <u>Unavailable</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. No. 1</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles I. Zimmerman, Wayne City, Ill.</u>						ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
<p>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>													
		ANTECEDENT CAUSES													
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Coronary Sclerosis</u></p> <p>DUE TO (c)</p>													
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>													
19b. MAJOR FINDINGS OF OPERATION		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00 A</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Patrick J. Paylor Coroner</u>				23b. ADDRESS <u>1300 Clark</u>				23c. DATE SIGNED <u>12 28 55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfield, Illinois</u>									
DATE REC'D BY LOCAL REG. <u>DEC 28 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>									

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Haine*
Licensed Embalmer No. *4100*
P. O. Address *S. Keweenaw*

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.