

FILED FEB 17 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 5227
372

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 932 Paseo</u>				e. STREET ADDRESS (If rural, give location) <u>15 932 Paseo</u>				<u>315 D</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PAUL</u>		b. (Middle) <u>D.</u>		c. (Last) <u>ZIMMERMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1956</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>Oct 2 - 1892</u>		9. AGE (In years last birthday) <u>63</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>Foreman - Auto Parts</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Peterson Mfg. Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dra J. Zimmerman</u>			13b. MOTHER'S MAIDEN NAME <u>Sally Wilson</u>			14. NAME OF HUSBAND OR WIFE <u>Marion Zimmerman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>496-10-0798</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marion Zimmerman 932 Paseo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocardial Infarction</u>						<u>24 hours</u>	
		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.						<u>4201</u>	
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 <u>9 Feb 6, 1956</u> , to <u>Feb 6, 1956</u> , that I last saw the deceased alive on <u>Feb 6, 1956</u> , and that death occurred at <u>1:50 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L.F. Steffen</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>1103 Grand Ave</u>		23c. DATE SIGNED <u>2-7-56</u>		
24a. BURIAL - CREMATION - REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 9 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-7-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		ADDRESS <u>1800 E. Linwood</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Bel-805/1000

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 Arthur Eugene Hobbs

Licensed Embalmer No. 490

P. O. Address K.C. Mo.

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.