

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 30 1956 STANDARD CERTIFICATE OF DEATH

State File No. **24597**

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>224</b>  |  | PRIMARY REG. DIST. NO. <b>3052</b>   |  | Registrar's No. <b>296</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Sedalia</b>  |  | c. LENGTH OF STAY (in this place)<br><b>2 yrs.</b>   |  | c. CITY OR TOWN <b>Sedalia</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>420 East 3rd St.</b>  |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>420 East 3rd St.</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>HARRY</b>   |  | a. (First)   |  | b. (Middle)  |  | c. (Last) <b>ZIMMERMAN</b>   |  |
| 4. DATE OF DEATH <b>July 27, 1956</b>   |  | 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   |  |
| 8. DATE OF BIRTH <b>Nov 26, 1873</b>  |  | 9. AGE (In years last birthday) <b>82</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Mill Operator</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Sedalia, Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  | 13a. FATHER'S NAME<br><b>Samuel Zimmerman</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Not Known</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Martha Wilcox Zimmerman</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Frances Shearer, Sedalia, Mo.</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>coronary sclerosis</b><br>DUE TO (c) <b>atherosclerosis</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Metastatic carcinoma stomach</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 mo</b><br><b>5 yrs.</b><br><b>years</b><br><b>6 mos.</b>                                    |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201H</b>   |  |  |  | 20. AUTOPSY?<br>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)  |  | 21f. HOW DID INJURY OCCUR?   |  |
| 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"/>   |  | 22. I hereby certify that I attended the deceased from <b>7-11</b> , 19 <b>56</b> , to <b>7-27</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7-27</b> , 19 <b>56</b> , and that death occurred at <b>5:50 P.m.</b> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <b>J. Maunders</b> (Degree or title)   |  | 23b. ADDRESS <b>Sedalia Mo.</b>  |  | 23c. DATE SIGNED <b>7/28/56</b>  |  |  |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>7/30/56</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Crown Hill Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Sedalia, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>7-28-56</b>  |  | REGISTRAR'S SIGNATURE<br><b>Lavina Coontz</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Edna E. Sedalia, Mo.</b>  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 1956

### 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.....

Licensed Embalmer No.....

P. O. Address.....

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.