

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33119**

BIRTH NO.		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4041		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY Bellinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bellinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shenandoah		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Shenandoah		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) 0090			
3. NAME OF DECEASED (Type or Print) a. (First) Lulu b. (Middle) Elizabeth c. (Last) Zimmerman			4. DATE OF DEATH (Month) 11 (Day) 3 (Year) 56				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 26, 1883	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Bellinger, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John L. Zimmerman		13b. MOTHER'S MAIDEN NAME Ellis		14. NAME OF HUSBAND OR WIFE Lulu Zimmerman Dec	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Clinton L. Zimmerman ADDRESS Shenandoah			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 mo			
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) m.		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 7/3 , 19 55 , to 11/3 , 19 56 , that I last saw the deceased alive on 11/2 , 19 56 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE John J. Myers MD (Degree or title)				23b. ADDRESS 2424 L. L. St. Shenandoah, Mo		23c. DATE SIGNED 11/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-3-56		24c. NAME OF CEMETERY OR CREMATORY Shenandoah		24d. LOCATION (City, town, or county) (State) Shenandoah Bellinger Mo	
DATE REC'D BY LOCAL REG. 11-6-56		REGISTRAR'S SIGNATURE Mrs. Buford Crady		25. FUNERAL DIRECTOR'S SIGNATURE Barclay Funeral Home, Louisville Mo ADDRESS			
(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.....
A. J. Baker

Licensed Embalmer No. 3573

P. O. Address Tusculum

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.