alth,
elfare
blic
rvice

300
-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 550

Registration District No. 53 Primary Registration District No. 5189 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL-WELCH. TWP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5 Mi. N.W. of DELTA, Mo. — Length of stay in 1b: 57 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Advance R.F.D. 01600 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 Mi. N.W. of DELTA, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Dallas — Middle: Hugh — Last: Zimmerman

4. DATE OF DEATH: Month: Jan. — Day: 12, — Year: 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 19, 1879

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 3 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Glenn Allen, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Zimmerman

14. MOTHER'S MAIDEN NAME: Emmele McKelvey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Charles Zimmerman Cape Girardeau Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): high blood pressure
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 2, '56 and last saw her/him alive on Jan 15th 1957
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. W. Darvault M.D.

22b. ADDRESS: Delta Mo

22c. DATE SIGNED: Jan 15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 15, 1957

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR ADDRESS: Brinkopf Howell Cape Girardeau

25. DATE RECD. BY LOCAL REG.: 1-17-1957

26. REGISTRAR'S SIGNATURE: C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

4-0

FEB 14 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neil H. Grossheider.....

Licensed Embalmer No. 49

P. O. Address Cape Gira

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.