

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39083

State File No.

FILED DEC 11 1957

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 2851

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Mexico</u>	c. LENGTH OF STAY (In this place) <u>1 mo.</u>	c. CITY OR TOWN <u>New Florence</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>Andrain Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0700</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) _____ c. (Last) <u>Zimmerman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 30 57</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>3-16-1872</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Chris Gruenstein</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Grosse</u>		14. NAME OF HUSBAND OR WIFE <u>Brisco Zimmerman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Conner</u> ADDRESS <u>New Florence Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma PANCREAS</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>			<u>6 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b) _____		DUE TO (c) _____				

19a. DATE OF OPERATION <u>11-15-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of head of PANCREAS</u>			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 Oct. 29, 1957, to Nov. 30, 1957, that I last saw the deceased alive on 11/30, 1957, and that death occurred at 10:05 B.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. S. Fisher MD</u> (Degree or title)		23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>12-3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-3-57</u>		24c. NAME OF CEMETERY <u>WOODMOUNT</u>	
		24d. LOCATION (City, town, or county) (State) <u>Near New Florence Mo</u>			

DATE REC'D BY LOCAL REG. <u>Dec 3-57</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>MONTGOMERY CITY MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-0

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, ~~of~~^{XXX} on the 1st day of Dec. 1957....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
C. W. Hopkins
Licensed Embalmer No. 1487

P. O. Address Montgomery City

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.