

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010690
State File No.

FILED MAR 17 1958

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

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>8</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Maries</u>		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Vienna, Mo.</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		a. STATE <u>Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Vienna, Mo.</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Vienna, Mo.</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>His Home</u>				e. STREET ADDRESS (If rural, give location) <u>0638</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Steve</u>		b. (Middle)		c. (Last) <u>Zimmer</u>		a. (Month) (Day) (Year) <u>Mar. 11, 1958.</u>	
(Type or Print)							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 15, 1862.</u>	
9. AGE (In years last birthday) <u>95</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>16</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Michael Zimmer</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Bockues</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Zimmer</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 ADDRESS <u>Joe Zimmer, Vienna, Mo.</u>	
(If yes, give war or dates of service)							
18. CAUSE OF DEATH							
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>						<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Virus-like influenza</u>						<u>7 days</u>	
DUE TO (c) <u>Senility</u>							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
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) <u>480X</u>			
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? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>2-1-58</u> , 19 <u> </u> , to <u>3-11-58</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-11-58</u> , 19 <u> </u> , and that death occurred at <u>8:30A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.C. Howard</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Vienna, Missouri</u>		23c. DATE SIGNED <u>3-12-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/14/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Visitation Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-12-58</u>		REGISTRAR'S SIGNATURE <u>A. Gaybelle White</u>		GENERAL CREATOR'S SIGNATURE <u>McCombs</u>		ADDRESS <u>Vienna, Mo.</u>	

SEP 9 1950

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 *W. C. Cunningham*

Licensed Embalmer No. *366*

P. O. Address *Cincinnati*

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.