

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023911
STATE FILE NUMBER

FILED JUN 27 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6216**

300
1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SACAMON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PAWNEE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 21 DAYS	d. STREET ADDRESS (If outside, give location) 32 NONE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First JOHN	Middle OTTO	Last ZIMELMAN	4. DATE OF DEATH	Month JUNE	Day 18	Year 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 13 1882	9. AGE (In years last birthday) 76	10. FUNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER	10b. KIND OF BUSINESS OR INDUSTRY COAL MINING	11. BIRTHPLACE (City and state or country) IOWA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME PETER ZIMELMAN	13b. MOTHER'S MAIDEN NAME MARY ZENOR	14. NAME OF HUSBAND OR WIFE MRS ANNA ZIMELMAN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 342-03-386	17. INFORMANT Mrs. James Young Address Pawnee, Illinois
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of Vomitus due to Acute Gastric Dilation		INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Accident due to Cerebral Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from May 27, 1958 to June 18, 1958 and last saw him alive on June 18, 1958 Death occurred at 10:00 P.M., June 18, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) James T. Adams M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED June 19, 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 20, 1958	23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	23d. LOCATION (City, town, or county) (State) TAYLORVILLE, ILLINOIS
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24. FUNERAL DIRECTOR JAMES R MASTERSON ADDRESS TAYLORVILLE IA	25. DATE RECD. BY LOCAL REG. JUN 19 '58	26. REGISTRAR'S SIGNATURE Carl Smith, MD mjs.
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JUNE 18 1958 WASHINGTON OTTO WOOD

Aplication of Vomitin due to Acute Gastric Distention Minutes

STATEMENT BY LICENSED EMBALMER

X I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Cerebral Vascular Accident due to Cerebral Arteriosclerosis Student Embalmer No.

Not Embalmed

working under my personal supervision.

Student

Signed [Signature]

Signature of Student Embalmer

JUNE 18 1958 KICK JUNE 18 1958

Licensed Embalmer No. 244 # 86

P. O. Address 244 W. Adams St

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.