

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031617

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 2

Primary Registration District No. X009

Registrar's No. 3-5-

S. 300
1-57

1. PLACE OF DEATH a. COUNTY ANDREW		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ANDREW	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAVANNAH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SAVANNAH 0020
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 205 North 5th		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 205 North 5
3. NAME OF DECEASED (Type or print) First Middle Last Lydia ZIMMERMAN			4. DATE OF DEATH Month Day Year Aug. 23 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 10, 1866
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) ANDREW Co. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOHANNES SCHNEIDER	
13b. MOTHER'S MAIDEN NAME KATHARINA THIERSTEIN		14. NAME OF HUSBAND OR WIFE WILLIAM O. ZIMMERMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Address ESTHER ZIMMERMAN, SAVANNAH, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 9 years
Conditions, if any, which gave rise to above cause (a), storing the underlying cause last. DUE TO (b) In 1949 blood clot right leg amputated above knee upon third			4500
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year 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
21. I attended the deceased from Oct 1949 to Aug 23, 1958 and last saw ^{her} him alive on Aug 23, 1958 Death occurred at 3:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ralph R. Kelley M.D.		22b. ADDRESS Savannah Mo	22c. DATE SIGNED 8-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug 26, 1958	23c. NAME OF CEMETERY OR CREMATORY SAVANNAH CEMETERY	23d. LOCATION (City, town, or county) (State) SAVANNAH, MO.
24. FUNERAL DIRECTOR ADDRESS Breit FUNERAL HOME SAVANNAH		25. DATE RECD. BY LOCAL REG. 9-6-58	26. REGISTRAR'S SIGNATURE Killian Sparks

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

8966 10 1958

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 *James B. Hawkins*
Licensed Embalmer No. 4531
P. O. Address Cleveland

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.