

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006611

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 16 1959		Registration District No. 274		Primary Registration District No. 3052		Registrator's No. 88	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Cole Camp		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb 18 Hours		d. STREET ADDRESS --- (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Amos Middle H? Last Zimmerschied				4. DATE OF DEATH Month Larch Day 4th Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Mar 23rd 1905	
9. AGE (In years last birthday) 53		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Mora Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and state or country) Mora Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Julius Zimmerschied		13b. MOTHER'S MAIDEN NAME Mary Lempke		14. NAME OF HUSBAND OR WIFE Hazel Zimmerschied			
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. 487-20-0006		17. INFORMANT Address Mrs Hazel Zimmerschied Cole Camp 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) <u>Acute Myocardial Infarction</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u> <u>20 hours</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4261					
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 <u>March 4, 1959</u> to <u>March 4, 1959</u> and last saw him alive on <u>March 4, 1959</u> Death occurred at <u>5:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>T. S. Hopkins</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>1609 S. LIMIT</u> <u>Sedalia, Mo.</u>		22c. DATE SIGNED <u>3-7-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 7, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>Cole Camp Mo</u>	
24. FUNERAL DIRECTOR <u>E L Lickhoff</u>		ADDRESS <u>Cole Camp Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3/9/1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

MAR 31 1960

VS APR 21 1960

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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

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.