

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 18 1959 212

59-039586

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 4184 Registrar's No. 17

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>GERALD</b>		Length of stay in 1b	c. CITY OR TOWN <b>GERALD</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JULIA</b> Middle <b>ELIZABETH</b> Last <b>ZIMMERMANN</b>			4. DATE OF DEATH Month <b>NOV.</b> Day <b>9</b> Year <b>1959</b>			
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 7, 1869</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> Hours <b>2</b> Min.	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>	11. BIRTHPLACE (City and state or country) <b>UNION, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>JOHN C. DOERR</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WAHL</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK ZIMMERMANN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NON E</b>	17. INFORMANT <b>LEOLA MEYER GERALD, MO.</b>	Address
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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) <b>Cardiovascular Collapse</b> DUE TO (b) <b>Cardiac failure</b> DUE TO (c) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b> <b>12 hrs</b> <b>40 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 <b>UNION</b>	COUNTY <b>MO.</b>	STATE
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21. I attended the deceased from **Nov 8, 1959** to **Nov 9, 1959** and last saw <sup>her</sup> <sub>him</sub> alive on **Nov 8, 1959**  
Death occurred at **3** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>George A. Richardson, M.D.</b>	(Degree or title)	22b. ADDRESS <b>Medical Arts Clinic, Union Mo.</b>	22c. DATE SIGNED <b>Nov 9, 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>NOV. 11, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ZION CEMETERY</b>	23d. LOCATION (City, town, or county) <b>UNION MO.</b>	(State)
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24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b>	ADDRESS <b>UNION, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov 9, 1959</b>	26. REGISTRAR'S SIGNATURE <b>John Charles Finley</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



**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 Ernest L. O'Hara

Licensed Embalmer No. 4054

P. O. Address Union 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.