

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1960 042

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-60-000432

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas COUNTY Doniphan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 10 Weeks		c. CITY OR TOWN Troy		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Osteopathic Hosp.				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) No Street Address	
3. NAME OF DECEASED (Type or print) First Sophia Middle Last Zimmerman				4. DATE OF DEATH Month Jan. Day 14 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/6/1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Moray Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Zimmerman			13b. MOTHER'S MAIDEN NAME Katherine Lee			14. NAME OF HUSBAND OR WIFE Never Married	
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. None		17. INFORMANT Address Mrs Maude Hazelwood Redding Calif.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Uremia DUE TO (c) Fracture of right hip Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Jan. 10-14 Oct. 31-59 Oct. 31, 59
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. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home					
20c. TIME OF INJURY Hour 3 P.M. Month, Day, Year 10 31, 59		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Troy Doniphan Kansas	
21. I attended the deceased from October 31, 1959 to Jan. 14, 1960 and last saw her alive on Jan. 14, 1960 Death occurred at General Osteopathic Hospital on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Register or title) Asst. Blair D. O.				22b. ADDRESS Troy		22c. DATE SIGNED 1-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/14/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive		23d. LOCATION (City, town, or county) (State) Troy Kansas			
24. FUNERAL DIRECTOR ADDRESS Vernon B. Libbette Troy Kansas				25. DATE RECD. BY LOCAL REG. Jan. 15, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Asst. Blair D. O. Medical Certification

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 13 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Harma

Licensed Embalmer No. 4487

P. O. Address Waltham,

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.