

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035140

FILED VS SEP 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4623 STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Douglas</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City,</u>		Length of stay in lb <u>32 days</u>		c. CITY OR TOWN <u>Lawrence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2208 Vermont</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>W.</u> Last <u>Zimmerman</u>				4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1960</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-27-82</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Lawrence, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>(UNKNOWN) ZIMMERMAN</u>			13b. MOTHER'S MAIDEN NAME <u>CATHERINE GALVIN</u>		14. NAME OF HUSBAND OR WIFE <u>Warren (Husband)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Warren Zimmerman Lawrence Kans</u> Address			
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>metastatic carcinoma of primary site ovaries</u>							INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)					
			DUE TO (c)					
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 type="checkbox"/> N <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.)				
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>						
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		COUNTY		STATE
21. I attended the deceased from <u>1954</u> to <u>9-9-60</u> and last saw him alive on <u>Sept 8, 1960</u> Death occurred at <u>12.01 am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Stan Warren MD</u> (Degree or title)			22b. ADDRESS <u>751 E 63rd Sted Lawr City MO</u>			22c. DATE SIGNED <u>9-9-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		23b. DATE <u>9-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lawrence Kansas</u>			
24. FUNERAL DIRECTOR <u>Cooper-Warren, Lawrence, Kans.</u>			25. DATE RECD. BY LOCAL REG. <u>9-9-60</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1960

NOV 15 1960

MAY 18 1961

VS MAY 19 1961

**STATEMENT BY LICENSED EMBALMER**

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 John R. De

Licensed Embalmer No. 45

P. O. Address Kansas

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.