

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-044183

STATE FILE NUMBER

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 63

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Roark</b>		Length of stay in 1b <b>14 months</b>		c. CITY OR TOWN <b>Roark Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/8 Mile S. Hermann</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1/8 Mile S. Hermann</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Zimmermann, Sr.</b> Last <b>Zimmermann, Sr.</b>				4. DATE OF DEATH Month <b>December</b> Day <b>10</b> Year <b>1961</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cau.</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-4-1892</b>		
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>69</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railway Worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Hillsboro, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Woest</b>			14. NAME OF HUSBAND OR WIFE <b>Susan Taylor Zimmermann</b>		
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>1489-16-0090</b>		17. INFORMANT <b>LeRoy Zimmermann-- Hermann, Missouri</b>			
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>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>(No physician in attendance)</b> DUE TO (c) <b>( Found dead in deceased trailer )</b>							INTERVAL BETWEEN ONSET AND DEATH	
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 item 18.)				
20c. TIME OF INJURY Hour <b>11:30</b> a.m. <b>0</b> p.m. <b>0</b>		Month, Day, Year						
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 <b>11:30</b> to <b>11:30</b> and last saw him alive on <b>12-10-61</b> Death occurred at <b>11:30</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>George H. Blumer</i> <b>Coroner</b>				22b. ADDRESS <b>Hermann, Missouri</b>		22c. DATE SIGNED <b>12-10-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>12-13-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hermann Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hermann Missouri</b>		
24. FUNERAL DIRECTOR <b>Herman Blumer, Inc.</b>				25. DATE RECD. BY LOCAL REG. <b>12-11-61</b>		26. REGISTRAR'S SIGNATURE <i>Delma Uffelman</i>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

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 ORVAL GRONER Student Embalmer No. 641

working under my personal supervision.

Student Orval Groner  
Signature of Student Embalmer

Signed

Hugo B. Danner

Licensed Embalmer No. 3160

P. O. Address Herrmann

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.

# MISOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 779

Primary Registration District No. 5443

Registrar's No. 63

STATE FILE NUMBER

AMENDED

DATE RECEIVED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Roark</u>		c. CITY OR TOWN <u>Roark Twp.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/8 Mile S. Hermann</u>		d. STREET ADDRESS (If outside, give location) <u>1/8 Mile S. Hermann</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Zimmermann</u> Last <u>Sr.</u>		4. DATE OF DEATH Month <u>December</u> Day <u>10</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-4-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	9. AGE (last birthday) <u>69</u>
11. BIRTHPLACE (City and state or country) <u>Hillsboro, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Woest</u>	
14. NAME OF HUSBAND OR WIFE <u>Susan Taylor Zinnermann</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> <u>None</u>	
16. SOCIAL SECURITY NO. <u>489-16-0090</u>		17. INFORMANT <u>LeRoy Zimmermann--Hermann, Mo.</u>	
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>Coronary Occlusion</u> DUE TO (b) <u>( No physician in attendance )</u> DUE TO (c) <u>(Found dead in deceased trailer)</u> 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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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>11:30</u> Month, Day, Year <u>12-13-1961</u> a.m. p.m.		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 <u>Hermann, Missouri</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>11:30</u> A <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Hugo H. Blumer</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Hermann, Missouri</u>	
22c. DATE SIGNED <u>12-10-61</u>		22d. LOCATION (City, town, or county) <u>Hermann Missouri</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-13-1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hermann Cemetery</u>		23d. LOCATION (City, town, or county) <u>Hermann Missouri</u>	
24. FUNERAL DIRECTOR <u>Herman Blumer, Inc. Hermann, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1962

### 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 Orval Groner Student Embalmer No. 641

working under my personal supervision.

Student Orval Groner  
Signature of Student Embalmer

Signed Hugo B. Quinn

Licensed Embalmer No. 2160

P. O. Address Herman

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.