

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001336
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 18

AMENDED

FILED FEB 13 1962

1. COUNTY **Harrison**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Harrison**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Trail Creek Twp.** Length of stay in 1b _____

c. CITY OR TOWN **Mt. Moriah,** Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) Sec. 36 Inside Limits Yes No
HOSPITAL OR INSTITUTION **in Trailcreek Twp. 2 1/2 Mi. South and 1/2 mi. East of Mt. Moriah, Mo.**

d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Francis Lester Zimmerman

4. DATE OF DEATH Month Day Year
January 29, 1962.

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **12-16-05** 9. AGE (last birthday) **56**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farm laborer** 10b. KIND OF BUSINESS OR INDUSTRY **General farm work**

11. BIRTHPLACE (City and state or country) **Decatur Co., Iowa.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Marion Zimmerman** 13b. MOTHER'S MAIDEN NAME **Corah May Allard**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Forrest Zimmerman, Ridgeway, Mo.** 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) **Apparent Acute Coronary Occlusion.** Interval Between Onset and Death **Instant**
Patient was found dead in woods where he had gone to cut timber about 48 hrs before the body was found. There were no marks of violence or foul play. Death was due to natural causes.
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) **D.O. Deputy Coroner Harrison Co., Mo.**
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.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

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.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from _____ to **1-29-62** and last saw her alive on _____
Death occurred at **about 3:00 P. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **G. H. Throggen** (Degree or title) **D.O.** 22b. ADDRESS **Bethany, Missouri.** 22c. DATE SIGNED **2-2-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2-3-62** 23c. NAME OF CEMETERY OR CREMATORY **Zoar Cemetery** 23d. LOCATION (City, town, or county) (State) **Cainsville, M.**

24. FUNERAL DIRECTOR **E. J. Stoklasa, Cainsville, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **2-3-1962** 26. REGISTRAR'S SIGNATURE **Jella Maxey**

DATE AMENDED _____
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
INSTEAD OF _____
DOCUMENT _____
MEDICAL CERTIFICATION _____
SHOULD READ _____
BY AFFIDAVIT OF _____

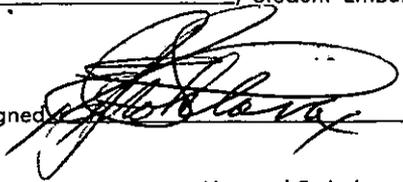
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Gainsville, 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.