

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030051

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 4 1962

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 491

VS 300
Rev. 4/59

10109
206.301

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in lb 6 days	c. CITY OR TOWN Vienna
c. FULL NAME OF (If NOT in hospital, give location) Univ. Mo. Medical Cent		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____
3. NAME OF DECEASED (Type or print) Herman H. Zimmer			4. DATE OF DEATH Month Aug. Day 29 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-13-08
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 54
11a. FATHER'S NAME William Zimmer		11b. MOTHER'S MARRIAGE NAME Teresa Swartz	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Zimmer		13b. MOTHER'S MARRIAGE NAME Teresa Swartz	14. NAME OF HUSBAND OR WIFE Teresa Zimmer
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 HOSPITAL RECORD Address Columbia, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CESSATION OF HEART + RESPIRATION			INTERVAL BETWEEN ONSET AND DEATH IMMED.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DISEASE			10 yrs +.
DUE TO (c) RHEUMATIC FEVER.			
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"/> 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 8-23-62 to 8-29-62 and last saw her/him alive on 8-29 Death occurred at 5:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John M. Laird MD.		22b. ADDRESS M.U. Medical Center	22c. DATE SIGNED 8-29
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-29-1962	23c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery	23d. LOCATION (City, town, or county) (State) Vienna, Missouri
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Aug 29 1962	26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

USE BLACK INK OR TYPEWRITER RIBBON

NOV 19 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George R. Kerby

Licensed Embalmer No. 4952

P. O. Address Columbia 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.