

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

949

-62-030144

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 27 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

80 years

c. FULL NAME OF (If NOT in hospital, give location)

Hillside Nursing Home
718 N. 7th St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

admission)

c. CITY

OR

TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

216 W. Dolman

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JOSEPH

Middle

CLARENCE

Last

ZIMMERMAN

4. DATE

OF

DEATH

Month

August 18, 1962

Day

Year

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/16/1871

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired salesman

10b. KIND OF BUSINESS OR INDUSTRY

Dry Goods Co.

11. BIRTHPLACE (City and state or country)

Cameron, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph T. Zimmerman

13b. MOTHER'S MAIDEN NAME

Martha J. Jennings

14. NAME OF HUSBAND OR WIFE

Bertha

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.

445-20-4444A

17. INFORMANT

Address

Mrs. Earl Petty, 216 W. Dolman, St. Joseph, 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)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis, generalized

20 years

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.

☐ 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 a.m. p.m.

Month, Day, Year

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 5-15-62 to 8-18-62 and last saw him alive on 8-16-62

Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

420 N 8th St. St. Joseph, Mo.

22c. DATE SIGNED

8-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/20/1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Heaton-Bourman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Aug. 23, 1962

26. REGISTRAR'S SIGNATURE

Wm. Clark Sandell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
J.R. Forgrave, M.D.

DATE AMENDED

VS 300
Rev. 4/59

1 5117

2 5117

3

4 0

5 2

6

7 0

8 2

9 331X

10

11

12 86-0

13 1-0

Permit issued 8/20/62

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 William Speedling

Licensed Embalmer No. 4535

P. O. Address St Joseph 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.