

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000118

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 17

AMENDED

FILED JAN 22 1963

VS 300
Rev. 4/59

0047

0700

3

4 1

5 2

6

7 1

8 2

931KH

10

11

12 1-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Audrain**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Mexico**

Length of stay in 1b

17 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Audrain Hospital**

Inside Limits
Yes ☒ No ☐

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

a. STATE **Missouri**

b. COUNTY **Montgomery**

c. CITY OR TOWN **Wellsville**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

RR #2-Upper Loutre Twp

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Anna Katherine Zimmerman

4. DATE OF DEATH

January 13, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married

☒ Widowed

8. DATE OF BIRTH

May 14, 1879

9. AGE (last birthday)

83

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

Housewife

11. BIRTHPLACE (City and state or country)

Golden Eagle, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Weishaar

13b. MOTHER'S MAIDEN NAME

Catherine Stumph

14. NAME OF HUSBAND OR WIFE

Alma Mitchell, Wellsville, Mo.

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

Alma Mitchell, Wellsville, 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)

- Broken nose when accident right bumper 2 weeks

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

DUE TO (b)

Cerebral arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Leukemia myocardial

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

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from **12-1961** to **Jan 13-63** and last saw her alive on **Jan 13-63**

Death occurred at **11:18** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold D. Linsford M.D.

22b. ADDRESS

Marion, Mo.

22c. DATE SIGNED

1-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 15, 1963

23c. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

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

Jonesburg, Mo.

23e. (State)

24. FUNERAL DIRECTOR

Howard F. Myers, Wellsville, Mo.

25. DATE RECD. BY LOCAL REG.

Jan-19-1963

26. REGISTRAR'S SIGNATURE

Blanche Keely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.