

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-002486

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207

Primary Registration District No. _____

Registrar's No. 2

FILED JAN 16 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Maries		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) OR TOWN Brinktown, Mo.		c. CITY OR TOWN Brinktown, Mo.	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Henry Zimmer		4. DATE OF DEATH Month Day Year Jan. 10. 1963.	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 8/25/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
13a. FATHER'S NAME Joseph Zimmer Sr.		13b. MOTHER'S MAIDEN NAME Mary Richter	
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. 499-03-7460	
17. INFORMANT Marie Zimmer		Address Marie Zimmer, Brinktown, 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. DUE TO (b) Vascular hypertension. DUE TO (c) Arteriosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 4 days unknown unknown	
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 Sept. 18, 1962 to Jan. 10, 1963 and last saw him alive on Jan. 10, 1963 Death occurred at 5:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dorothy L. L. O.	
22b. ADDRESS Dixon, Missouri		22c. DATE SIGNED 1-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-14-1963	23c. NAME OF CEMETERY OR CREMATORY Guardian Angel	23d. LOCATION (City, town, or county) (State) Brinktown, Mo
24. FUNERAL DIRECTOR W. C. Cunningham	25. DATE RECD. BY LOCAL REG. Jan 12-1963	26. REGISTRAR'S SIGNATURE Mozell Hutchison	

(Licensed Embalmer's Statement on Reverse Side)

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

M. C. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Crenna 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.