

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039058

STATE FILE NUMBER

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **1216**

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Troy	
Length of stay in 1b 3 Hours		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS (If outside, give location) Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) Lulu Belle Zimmerman			4. DATE OF DEATH Month October Day 11 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 4/23/1877	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Troy Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Daniel C. Sinclair			13b. MOTHER'S MAIDEN NAME Sarah A. Halloway		14. NAME OF HUSBAND OR WIFE A. B. Zimmerman
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. 509-32-8408		17. INFORMANT Albert E. Zimmerman Address Troy Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic nephropathy - Uremia DUE TO (b) Diabetes Mellitus DUE TO (c) over 10 yrs.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

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
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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 ☐ s.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 Troy	COUNTY Doniphan	STATE Kansas
21. I attended the deceased from August 30, 1963 to death and last saw her alive on 11 Oct 63 Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Emerson H. Joder M.D.	22b. ADDRESS Denton Kans	22c. DATE SIGNED 10-14-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/11/63	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive
23d. LOCATION (City, town, or county) Troy		23e. STATE Kansas

24. FUNERAL DIRECTOR Vernon B. Schubert	ADDRESS Troy Kansas	25. DATE RECD. BY LOCAL REG. Oct. 16, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION
E. Joder, M.D.

VS 300
Rev. 4/59

1 **5117**

2 **8150**

3 **2**

4 **1**

5 **2**

6

7 **1**

8 **2**

9 **260X**

10

11

12 **2-0**

13 **1-0**

27-1031-113

Permit issued 10-14-63

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 Wm B. Lihlute

Licensed Embalmer No. 5235

P. O. Address Tray, Kansas

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.