

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048971

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 374

Primary Registration District No. 5921

Registrar's No. 436

STATE FILE NUMBER

FILED JAN 2 1964

VS 300
Rev. 4/59

10800

20800

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PETTIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BLACKWATER-TOWNSHIP		Length of stay in 1b 80 yrs.	c. CITY OR TOWN LA MONTE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LA MONTE R. F. D.		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) R. F. D.
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE FRANKLIN ZIMMERSCHIED		4. DATE OF DEATH Month Day Year 12 23 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-29-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 66
13a. FATHER'S NAME ADAM ZIMMERSCHIED		13b. MOTHER'S MAIDEN NAME MARGARET TRAU COTT	14. NAME OF HUSBAND OR WIFE NORMA ZIMMERSCHIED.
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. 489-405178	17. INFORMANT NORMA ZIMMERSCHIED - LA MONTE 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) Acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broken heart			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 54 to Dec 63 and last saw her alive on 25 Dec 63 Death occurred at 10:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank L. Collier, M.D.		22b. ADDRESS Grand Springs Mo 62450	22c. DATE SIGNED 12-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-26-63	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW LUTHERAN CEMETERY	23d. LOCATION (City, town, & county) (State) SWEET SPRINGS MO
24. FUNERAL DIRECTOR MOORE FUNERAL HOME - LA MONTE MO		25. DATE RECD. BY LOCAL REG. Dec. 26, 1963	26. REGISTRAR'S SIGNATURE Frances Shealy, reg. n. Anderson

(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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address Lo Kente Mrs.

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.