

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2004

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>13</u>							
1. PLACE OF DEATH a. COUNTY <u>Pettis 0804</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lake Creek twp</u>		d. STREET ADDRESS (If rural, give location) <u>Lake Creek twp.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>			b. (Middle) <u>ZIMMERSCHIED</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 1, 1884</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Bahner, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>John Moriarity</u>				13b. MOTHER'S MAIDEN NAME <u>Christian Meyer</u>				14. NAME OF HUSBAND OR WIFE <u>Charles Zimmerschied</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Linus Keller - Smithton Mo</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis due to aneurysm of femoral artery</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general.</u>											
		DUE TO (c) <u>Arteriosclerosis general.</u>											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from <u>Jan 1, 1954</u> to <u>Jan 4, 1955</u> , that I last saw the deceased alive on <u>Jan 4, 1955</u> , and that death occurred at <u>10:05 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Dr. V. Siegel MD</u>				23b. ADDRESS <u>Smithton Mo</u>				23c. DATE SIGNED <u>1-6-54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>			24d. LOCATION (City, town, or county) (State) <u>Bahner Mo</u>						
DATE REC'D BY LOCAL REG. <u>1-6-'55</u>		REGISTRAR'S SIGNATURE <u>Norma Coontz</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bows</u>			ADDRESS <u>Sedalia Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten scribbles

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
Student Embalmer

Signed *K.P.M. Lrany*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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 this body is not embalmed, fact should be so stated above.