

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18181**

FILED MAY 27 1957

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>252</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. LENGTH OF STAY (in this place) <u>11</u> days | | c. CITY OR TOWN <u>Sedalia</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>417 East Harvey</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> | | b. (Middle) _____ | | c. (Last) <u>ZIMMERSCHIED</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1957</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 12, 1876</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 14 HRS. Hours _____ Mins. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp, Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Agriculture</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Phillip Zimmerschied</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maggie Stone Zimmerschied</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Zimmerschied, 1324 E. 4th, Sedalia, 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>Cerebral Apoplexy.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sphygmotensive Cardio-</u> DUE TO (c) <u>Vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>443x</u> | | | | 20. AUTOPSY? <u>2</u> 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>May 1, 1957</u> , to <u>May 23, 1957</u> , that I last saw the deceased alive on <u>May 12, 1957</u> , and that death occurred at <u>12:25 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Carl D. Jones MD</u> | | 23b. ADDRESS <u>Sedalia Mo.</u> | | 23c. DATE SIGNED <u>29 May 57</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/25/57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Rural Pettis County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-25-57</u> | | REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dwaine Brown</u> <u>Sedalia, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *C. E. Baker*.....

Licensed Embalmer No. *2419*.....

P. O. Address *Sedalia*.....

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.