

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17414

State File No.

FILED JUN 12 1956

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 49

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|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Ray</p> | | 2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p> | | b. COUNTY <p style="text-align: center;">Ray <u>0891</u></p> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Richmond /</p> | | c. LENGTH OF STAY (in this place) <p style="text-align: center;">50yrs.</p> | | c. CITY OR TOWN <p style="text-align: center;">Richmond</p> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">South Wellington St.</p> | | | | | |
| e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">South Wellington St.</p> | | | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <p style="text-align: center;">Martha</p> | b. (Middle) <p style="text-align: center;">Belle</p> | c. (Last) <p style="text-align: center;">Zimmerman</p> | Month <p style="text-align: center;">June</p> | Day <p style="text-align: center;">9</p> | Year <p style="text-align: center;">1956</p> |
| 5. SEX <p style="text-align: center;">Female</p> | 6. COLOR OR RACE <p style="text-align: center;">White</p> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed <u>2</u></p> | 8. DATE OF BIRTH <p style="text-align: center;">Oct. 22, 1862</p> | | 9. AGE (in years last birthday) <p style="text-align: center;">93</p> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p> | 10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">-----</p> | 11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Hart County, Kentucky</p> | | 12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p> | |

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| 13a. FATHER'S NAME <p style="text-align: center;">Miles Jasper Handy</p> | | 13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Lucy Agnes Pedigo</p> | | 14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Joseph Zimmerman (Dec'd)</p> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">no</p> | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) <p style="text-align: center;">no</p> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Geo. Aumiller, Richmond, Mo.</p> | | | |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | <p style="text-align: center;">Coronary Occlusion</p> | | | | <p style="text-align: center;">2 wks</p> |
| ANTECEDENT CAUSES | <p style="text-align: center;">arterio Sclerosis</p> | | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) | | | | |
| | DUE TO (c) | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | | | | <p style="text-align: center;">4201</p> |

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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 6-1-56 to 6-9-56 that I last saw the deceased alive on 6-4-56 and that death occurred at 8 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <p style="text-align: center;">G. S. Jay M.D.</p> | 23b. ADDRESS <p style="text-align: center;">Richmond, Mo</p> | 23c. DATE SIGNED <p style="text-align: center;">6-11-56</p> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p> | 24b. DATE <p style="text-align: center;">6/11/1956</p> | 24c. NAME OF CEMETERY OR CREMATOR <p style="text-align: center;">Sunny Slope</p> | 24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Richmond, Missouri</p> |
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| DATE REC'D BY LOCAL REG. <p style="text-align: center;">June 11-1956</p> | REGISTRAR'S SIGNATURE <p style="text-align: center;">Mabel Jackson</p> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Thomas J. Carter Richmond, Mo</p> |
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(Licensed Embalmer's Statement on Reverse Side)

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

30

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.....

Thomas J. Carter

Licensed Embalmer No....44

P. O. Address....Richm

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.