MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 100001338 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED — FILED 20 64

VS 300 Rev. 4/59

1 0470
2 0940
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: IRON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: IRONTON — Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST,MARY'S OF OZARKS — Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: MO b. COUNTY: ST.FRANCOIS

c. CITY OR TOWN: DOE RUN — Inside Limits: Yes X No

d. STREET ADDRESS (If outside, give location): BIRCH ST — Reside on Farm: Yes No X

3. **NAME OF DECEASED** (Type or print): First EMMA Middle Last ZIMMERMAN

4. DATE OF DEATH: Month JAN Day 8th Year 1964

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 8/16/80

9. AGE (last birthday): 83

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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:

11. BIRTHPLACE (City and state or country): SALEM,MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ALLEN BROWN

13b. MOTHER'S MAIDEN NAME: MOLLIE BROWN

14. NAME OF HUSBAND OR WIFE: WILLIAM ZIMMERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: MRS WM.FOLEY BIRCH ST DOE RUN

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary heart disease	??
DUE TO (c)	Hypertensive heart disease	??

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchitis

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 12-16-63 to 1-8-64 and last saw her/him alive on 1-8-64

Death occurred at 3:35 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. E. Harland M.D.

22b. ADDRESS: Ironton, Missouri

22c. DATE SIGNED: 1-10-64

23a. BURIAL, CREMATION, REMOVAL (Specify): B

23b. DATE: 1/11/64

23c. NAME OF CEMETERY OR CREMATORY: DOE RUN MEMORIAL CEM

23d. LOCATION (City, town, or county) (State): DOE RUN MO

24. FUNERAL DIRECTOR ADDRESS: C.H.COZEAN 217 W.COLUMBIA Farmington

25. DATE RECD. BY LOCAL REG.: 1-11-64

26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

COZEAN FUNERAL HOME
217 W. COLUMBIA
FARMINGTON, MO.

Mr Robert Hensley

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 14084

P. O. Address Farmington 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.