

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36046**

FILED OCT 31 1949

BIRTH NO. _____ REG. DIST. NO. 346 PRIMARY REG. DIST. NO. 6151 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Catron Rt. #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Catron Rt. #1	
c. LENGTH OF STAY (in this place) 2 Yr.		d. STREET ADDRESS (If rural, give location) 3 1/2 Mi. Northeast of parma	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) W.D. Timberlake	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1949
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5. SEX M M 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 4, 1937	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months 7 Days 5	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of the year, if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME W.D. Timberlake Sr.	13b. MOTHER'S MAIDEN NAME Freddie Lee Eskew	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME W.D. Timberlake Sr.	ADDRESS Catron, Mo. R.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden E850 4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Drowning DUE TO (c)		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wiley Ditch	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Elk Twp. Stoddard Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 8, 1949 1 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boat sank with them. 10 3
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22. I hereby certify that I attended the deceased from --, 19--, to --, 19--, that I last saw the deceased alive on --, 19--, and that death occurred at **7 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray W. Rainey Coroner 3	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 10-8-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10, 1949	24c. NAME OF CEMETERY OR CREMATORY Catron Cemetery	24d. LOCATION (City, town, or county) (State) Catron Mo.
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DATE REC'D BY LOCAL REG. 16-20-1949	REGISTRAR'S SIGNATURE Velma N. Jenkins	409	25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Hunsell	ADDRESS Parma Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 24 1944
District Health Office No. 2
District File Number 1049-1
Date Filed

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

Walter Marsh Watkins

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.