

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22204**

FILED JUN 24 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 2225

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location) 1814 Spruce St.,	

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Timbrook c. (Last) Timbrook		4. DATE OF DEATH (Month) (Day) (Year) 6-12-53	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/21/1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 3	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Rubber Plant		11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Craven W. Timbrook		13b. MOTHER'S MAIDEN NAME Georganna Davis		14. NAME OF HUSBAND OR WIFE Ethel Timbrook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Timbrook	
				ADDRESS 1814 Spruce St., Hannibal, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized carcinomatousis of abdomen			1 yr
		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 6/2/52		19b. MAJOR FINDINGS OF OPERATION Adeno-carcinoma of stomach, grade 2		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 5/27/52, 19 6/2, 19 53, that I last saw the deceased alive on 6/12/53, 19 , and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D.		23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 6/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/14/53		24c. NAME OF CEMETERY OR CREMATORY Clarence Cemetery		24d. LOCATION (City, town, or county) (State) Clarence Mo.	

DATE REC'D BY LOCAL REG. 6/15/53		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Hannibal Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 10 1053

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JUN 19 1953

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..... *F. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address *Hannibal 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.