

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39836

State File No. 8

FILED NOV 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 3 MO.		d. STREET ADDRESS (If rural, give location) 402 South Fillmore	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 South Fillmore			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CARL c. (Last) TIMMERMAN			4. DATE OF DEATH (Month) (Day) (Year) 11 21 53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married	8. DATE OF BIRTH May 25, 1879	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Nodaway, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Adam C. Timmerman	13b. MOTHER'S MAIDEN NAME Olinda Cramer	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Byron Archer, Gaynor, Mo.	ADDRESS
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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, asthma, 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) Coronary Thrombosis			3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis			4 yrs
DUE TO (c) Congestive heart failure		2 yrs		
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 no operations	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Maryville Nodaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3rd 1953 to Nov. 21, 1953, that I last saw the deceased alive on 11-14-1953, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 11-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/23/53	24c. NAME OF CEMETERY OR CREMATORY Gaynor	24d. LOCATION (City, town, or county) (State) Gaynor, Missouri
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DATE REC'D BY LOCAL REG. 11-28-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 25 1955

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

*John W. Price*

Licensed Embalmer No. 4281

P. O. Address Maryville, 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.