No. 300
10-48

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27768

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3672

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, MISSOURI
c. LENGTH OF STAY (in this place): 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 120 SPRUCE 3 0 8 0 D

3. NAME OF DECEASED (Type or Print)
a. (First): AMOS
b. (Middle): JULIAN
c. (Last): TIMS

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1954

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: July 13, 1891
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GEN'L SUPERINTENDENT
10b. KIND OF BUSINESS OR INDUSTRY: J. E. DUNN CONSTRUCTION COMPANY
11. BIRTHPLACE (City and State or Foreign Country): Timpson, Texas 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Amos Charles Tims
13b. MOTHER'S MAIDEN NAME: Ellen Caroline Baker
14. NAME OF HUSBAND OR WIFE: Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 491-09-0714
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA Hospital Official Records

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — 4 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* July 4, 19 54, *to* July 23, 1954, ~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~ *and that death occurred at* 12:15pm., *from the causes and on the date stated above.*

23a. SIGNATURE Hugh W. Mc Caughey MD (Degree or title) D
HUGH W. MC CAUGHEY, M. D.
23b. ADDRESS: VA Hospital, Kansas City, Missouri
23c. DATE SIGNED: 7-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JULY 26, 1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~: MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State): TULSA, OKLAHOMA

DATE REC'D BY LOCAL REG.: 7-26-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: D.W. Newcomer's Sons 1231 Brush Creek Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

VB SEP 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 49

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.