

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14741

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 579

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		e. STREET ADDRESS (If rural, give location) <b>2231 Marion Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charlotte</b>	b. (Middle) <b>D.</b>	c. (Last) <b>Timmerman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 31, 1880</b>	9. AGE (In years) (Last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Asst-secy Chamber of Commerce.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joseph</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Fanning</b>	13b. MOTHER'S MAIDEN NAME <b>Minerva Sommers</b>	14. NAME OF HUSBAND OR WIFE <b>Wilbur O. Timmerman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wilbur O. Timmerman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Agammaglobulinemia</b>		<b>May 26, 1955</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chlorpromazine Medication(?)</b> DUE TO (c) <b>Extreme Anxiety State with Depression</b>		<b>April 5, 1965</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Spring 1964</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 1, 1955, to June 6, 1955, that I last saw the deceased alive on June 6, 1955, and that death occurred at 12:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>George W. Forman</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>702 Edmund St. St. Joseph.</b>	23c. DATE SIGNED <b>June 8, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 8, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>June 10, 1955</b>	REGISTRAR'S SIGNATURE <b>Eather M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. S. Meierhoffer - Kellerman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

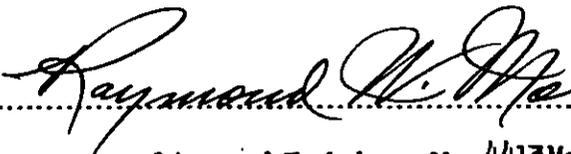
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....<sup>\*\*\*</sup> .....<sup>\*\*\*\*</sup> ..... Student Embalmer No. ....<sup>\*\*</sup> working under my personal supervision..

Student.....<sup>\*\*\*</sup> .....<sup>\*\*\*\*</sup> .....  
Signature of Student Embalmer

Signed.....  
  
Licensed Embalmer No. ....<sup>4413M</sup>.....

P. O. Address .St...Joseph, .M

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.