

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25717**

FILED JUL 17 1956

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6142** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY OR TOWN CLARENCE MO	c. LENGTH OF STAY (In this place) 15 YR	c. CITY OR TOWN CLARENCE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL ROUTE #1		e. STREET ADDRESS (If rural, give location) RURAL ROUTE #1	

3. NAME OF DECEASED (Type or Print) a. (First) BERNARD b. (Middle) ANDREW c. (Last) TIMBROOK			4. DATE OF DEATH (Month) (Day) (Year) JULY 7 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 10, 1941	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI SHELBY COUNTY		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME CLEVE TIMBROOK	13b. MOTHER'S MAIDEN NAME CAROLINE BANGE	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or date of service) NONE	17. INFORMANT'S SIGNATURE OR NAME CLEVE TIMBROOK ADDRESS CLARENCE MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition	DUE TO (b) Born an invalid, decomposed mind		
ANTECEDENT CAUSES	DUE TO (c) from birth		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. Inquest deemed unnecessary		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 309x	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Crownmeyer (Crown)	23b. ADDRESS Bethel Missouri	23c. DATE SIGNED 7/9/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-9-56	24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY
24d. LOCATION (City, town, or county) (State) CLARENCE MO	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Wherry ADDRESS Clarence Mo	
DATE REC'D BY LOCAL REG. July 10-56	REGISTRAR'S SIGNATURE Ada Garrison	

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

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JUL 12 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.....
Signature of Student Embalmer

Signed *Charles V. Greening*

Licensed Embalmer No. *4428*

P. O. Address *Claremont*

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.