

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018494
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 231 Primary Registration District No. 4346 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery		c. CITY OR TOWN Montgomery City Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS none	
Length of stay in lb 20 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle C. Last Timmerberg			4. DATE OF DEATH Month May Day 18 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-20-1891	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Monument Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Americus Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME C.F. Timmerberg	13b. MOTHER'S MAIDEN NAME Lena Fedder	14. NAME OF HUSBAND OR WIFE Irene Timmerberg
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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) yes World War I.	16. SOCIAL SECURITY NO. 500-09-9405	17. INFORMANT Irene Timmerberg Address Montgomery City Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201
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20c. TIME OF INJURY Hour: _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from 5-16-59 to 5-18-59 and last saw him alive on 5/18/59 Death occurred at 11:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>[Signature]</i>	(Degree or title) _____	22b. ADDRESS 4201	22c. DATE SIGNED 5/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-20-1959	23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cemetery	23d. LOCATION (City, town, or country) (State) Montgomery City Mo
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24. FUNERAL DIRECTOR <i>[Signature]</i>	ADDRESS MONTGOMERY CITY MO	25. DATE RECD. BY LOCAL REG. May 23-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 28 1959

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, ~~XXX~~ on the 28th day of May 1959....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *C. W. Hopkins*.....
C. W. Hopkins

Licensed Embalmer No. I487
Montgomery City Mo
P. O. Address.....

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.