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|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Monroe Randolph</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Moberly</b>                                 |  | Length of stay in 1b<br><b>13 dys</b>   | c. CITY OR TOWN<br><b>Madison</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Community Hospital</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>ELLA</b> Middle <b>MAE</b> Last <b>TIMBROOK</b>                  |                                  |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>27th</b> , Year <b>1959</b> |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-16-1880</b>                                     | 9. AGE (last birthday)<br><b>79</b>          | IF UNDER 1 YEAR<br>Months <b>---</b> Days <b>---</b> Hours <b>---</b> Min. <b>---</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House Wife</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Madison, Mo.</b>        | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |   |

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|---|--|--|---|---|--|
| 13a. FATHER'S NAME<br><b>Isaac Newton Timbrook</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Lambert</b> |   | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b>             | 17. INFORMANT Address<br><b>Harry Timbrook Madison, Mo.</b> |   |  |

|  |                                    |  |                                  |
|--|------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                    |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Intra Cerebral Hemorrhage</b>   |                                    |  |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Arteriosclerosis</b> |  |                                  |
|  | DUE TO (c)                         |  |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

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|---|---|--|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____         |   |  |  |  |

|  |  |   |  |  |
|--|--|---|--|--|
| 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 |  |  |
| 21. I attended the deceased from <b>March 4, 1959</b> to <b>June 28 1959</b> and last saw <del>her</del> <sup>him</sup> alive on <b>June 27, 1959</b><br>Death occurred at <b>2:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |

|   |                             |   |  |                                    |
|---|-----------------------------|---|--|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>e. J. Stauber D.O.</b> |                             | 22b. ADDRESS<br><b>P.O. Box 86 Madison Mo.</b>                |  | 22c. DATE SIGNED<br><b>6-29-59</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>    | 23b. DATE<br><b>6-29-59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Hill Cem.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Madison, Mo.</b> |                                    |

|  |  |  |   |  |
|--|--|--|---|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Thompson-Mackler Madison, Mo.</b> |  | 25. DATE RECD. BY LOCAL REG.<br><b>6-28-59</b> | 26. REGISTRAR'S SIGNATURE<br><b>Leslie Lane</b> |  |
|--|--|--|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Joseph R. Mack*

Licensed Embalmer No. 457

P. O. Address Madison

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.