# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037249

RTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4929

FILED OCT 19 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 2 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Sunrise Beach — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Box 278 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Harvey Middle: Last: Timberlake
4. DATE OF DEATH Month: October Day: 4 Year: 1961
5. SEX Male
6. COLOR OR RACE Caucc
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH March 15, 1898
9. AGE (last birthday) 63
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Supt.
10b. KIND OF BUSINESS OR INDUSTRY Plating Company
11. BIRTHPLACE (City and state or country) Centralia Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Timberlake
13b. MOTHER'S MAIDEN NAME Hester Ann O'Brian
14. NAME OF HUSBAND OR WIFE Bernice A. Timberlake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY NO.
17. INFORMANT Bernice Timberlake Address Sunrise Beach, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 6 Months
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 28, 1961 to Oct. 4, 1961 and last saw him alive on Oct. 3, 1961
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth A. Davis (Degree or title) M.D.
22b. ADDRESS Plaza Theater Bldg. Kansas City, Mo.
22c. DATE SIGNED 10.4.61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 6, 1961
23c. NAME OF CEMETERY OR CREMATORY Central Cemetery
23d. LOCATION (City, town, or county) Williamsburg (State) Kansas

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost
25. DATE RECD. BY LOCAL REG. 10-4-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Kenneth A. Davis

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT

Dr. Kenneth Dave
Plaza Theatre B
LO 1-1104
Wed: after 12:30p

**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 Dale L. Martin

Licensed Embalmer No. 5106

P. O. Address Shawnee, Kan

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.