

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005763

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 14 Primary Registration District No. 5297 Registrar's No. 14

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

02.50

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 18 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Clinton		a. STATE Missouri		b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jackson Township		Length of stay in lb 50 years		c. CITY OR TOWN Lathrop	
c. FULL NAME OF (If NOT in hospital, give location) 5 miles S.E. Lathrop		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D.	
3. NAME OF DECEASED (Type or print) Herman Timm		4. DATE OF DEATH Feb. 8 1963		5. SEX Male	
6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/16/1899	
9. AGE (last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Rayville, Missouri		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Timm	
13b. MOTHER'S MAIDEN NAME Anna L. Krogman		14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT 2919 Lathrop St. Molly Hall Kansas City, Kas.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: Coronary Occlusion	
IMMEDIATE CAUSE (a)		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) Found dead About 5 days after death (frozen)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH MIN	
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.)	
20c. TIME OF INJURY Hour a.m. p.m. 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 After Death to Death and last saw ^{her} _{him} alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Jessie M. Seaman</i>		(Degree or title) Clinton Co. Coroner		22b. ADDRESS Cameron, Missouri	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/15/63	
23c. NAME OF CEMETERY OR CREMATORY Converse Cemetery		23d. LOCATION (City, town, or county) (State) Clinton Co. Missouri		24. FUNERAL DIRECTOR Bailey Funeral Home Lathrop, Mo.	
25. DATE RECD. BY LOCAL REG. 2-14-1963		26. REGISTRAR'S SIGNATURE <i>Mary W Seaman</i>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Morris O'Boyle

Licensed Embalmer No. 4887

P. O. Address Luther, Mo

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.