

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027003

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 128

**FILED JUL 9 1963**

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Vernon</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Vernon</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">N</p>		c. CITY OR TOWN <p style="text-align: center;">Milo</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;">DOA Nevada Hospital</p>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center;">R#1</p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center;">RICHARD C. TIMRECK</p>		4. DATE OF DEATH Month Day Year <p style="text-align: center;">June 26 1963</p>	
5. SEX <p style="text-align: center;">M</p>	6. COLOR OR RACE <p style="text-align: center;">Wh</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">4-13-1900</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Steamfitter</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Retired</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center;">Kansas City, Kansas</p>
13a. FATHER'S NAME <p style="text-align: center;">Charles R. Timreck</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Frances Farnham</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Floy K. Timreck</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">Yes WWI and WWII</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">[REDACTED]</p>	17. INFORMANT Address <p style="text-align: center;">Mrs. Floy Timreck, Milo, Missouri</p>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center;">probable acute myocardial infarction, massive</p> DUE TO (b) <p style="text-align: center;">Known to have been in a Veteran's Hospital</p> DUE TO (c) <p style="text-align: center;">some months ago.</p> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p style="text-align: center;">cancer of rectum</p>			INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">few minutes</p>
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.) <p style="text-align: center;">none</p>
20c. TIME OF INJURY Hour Month, Day, Year 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.) <p style="text-align: center;">never</p>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <p style="text-align: center;">never Nevada Missouri</p>	
21. I attended the deceased from _____, to _____ and last saw him alive on <p style="text-align: center;">June 26, 1963</p>		21. Death occurred at <p style="text-align: center;">about 5:15 a.m.</p> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <p style="text-align: center;">Anna &amp; Ferry, local registrar</p>		22b. ADDRESS <p style="text-align: center;">Nevada, Missouri</p>	22c. DATE SIGNED <p style="text-align: center;">7-5-1963</p>
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	23b. DATE <p style="text-align: center;">June 29, 1963</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Milo Cemetery</p>	23d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Milo Missouri</p>
24. FUNERAL DIRECTOR ADDRESS <p style="text-align: center;">Ferry Funeral Home Nevada, Missouri</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">7-5-1963</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center;">Anna &amp; Ferry</p>

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

