DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1945

STANDARD CERTIFICATE OF DEATH

State File No. 14312
Registrar's No. 8

Reg. Dist. No. 287 State of MISSOURI Primary Reg. Dist. No. 5979

1. PLACE OF DEATH:
(a) County POLK Looney Twp.
(b) City or town Morrisville Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ½ Mi North of Morrisville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - (Specify whether
In this community 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Wilkes-Barre
(If outside city or town limits, write RURAL)
(d) Street No. 168-Laflin Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - - years.

3. (a) FULL NAME MICHAEL S. TIMEK
3. (b) If veteran, name war World War II
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - -
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased December (Month) 2, (Day) 1922 (Year)

8. AGE: Years	Months	Days	If less than one day
22	4	11	hr. min.

9. Birthplace Laflin (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER
12. Name Stephen Timek
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Shantytown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant's own signature ID, AGO FORMS 20 and 24.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1945 (Month) (Day) (Year)
(c) Place; burial or cremation Plains, Pennsylvania
18. (a) Signature of funeral director [signature]
(b) Address Springfield Mo
19. (a) Apr 25-1945 (Date received local registrar) (b) Hillard Dickinson (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 12
year 1945 hour 9 minute 00 P.M.
21. I hereby certify that I attended the deceased from
, 19__, to , 19__:
that I last saw h__ alive on , 19__:
and that death occurred on the date and hour stated above.

Immediate cause of death Hemothorax, right, (1000cc) and hemoperitoneum (500cc)
Due to Lacerations, lung, right, spleen and liver
Due to Multiple crushing injuries incurred during cyclone 12 April 1945 at Morrisville, Missouri.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 187-8
Of autopsy Confirmation of above diagnoses.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12 April 1945
(c) Where did injury occur? Morrisville (City or town) Polk (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (during cyclone) (Specify type of place)
While at work? Unknown (e) Means of injury Unknown
23. Signature Hillard B. Ewing Coroner (M. D. or other)
Address Balmar Mo. Date signed 5/16/45

S-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

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RECEIVED
D[illegible] Officer No. 7,
[illegible] 4-45-295
[illegible] 5-9-45