

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15176

National Office of Vital Statistics
FILED APR 29 1948

Registration District No. 338

Primary Registration District No. 6148

Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County STODDARD
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 MO years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County STODDARD
(c) City or town RURAL 103
(If outside city or town limits, write "RURAL")
(d) Street No. 6 MI. E. FISK MO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CYRUS BAILEY TIMBERLAKE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA M. TIMBERLAKE
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased APRIL 1 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months - Days 14 If less than one day _____ hr. _____ min.

9. Birthplace CRAWFORD CO IND
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name HIRAM TIMBERLAKE
13. Birthplace IND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace IND
(City, town, or county) (State or foreign country)

16. (a) Informant Anna M. Timberlake
(b) Address RED 1 DUDLEY MO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APR 18 1948
(Month) (Day) (Year)
(c) Place: burial or cremation BATESVILLE ARK

18. (a) Signature of funeral director N. J. Phelps
(b) Address Poplar Bluff MO
19. (a) 4-19-48 (Date received local registrar) (b) Rose Webber (Registrar's signature) 355

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 15 year 1948 hour 9 minute _____ A.M.

21. I hereby certify that I attended the deceased from Apr 15 1948 to same 1948 that I last saw him alive on discease in person and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury 2
23. Signature H. S. Hill (M. D. or other) Doc
Address Farm MO Date signed 4/16/48

RECEIVED
District Health Office No. 2,
District File Number 448-547
Date Filed 4-26-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed N. T. Phelps
Licensed Embalmer No. 3231
P. O. Address Poplar Bluff 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 this body is not embalmed, fact should be so stated above.