S. No. 300
v. 10.48

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27228

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3830

1. PLACE OF DEATH
a. COUNTY General Hospital no. 2, 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital no. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 58
d. STREET ADDRESS (If rural, give location) 1524 Euclid 3 0

3. NAME OF DECEASED (Type or Print)
a. (First) ALMA
b. (Middle) Z.
c. (Last) TIMLEY

4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 51.

5. SEX Female 3
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH 3-22-1902
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months 5 Days 9 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Huntsville, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Homer Williams
13b. MOTHER'S MAIDEN NAME Mattie Taylor
14. NAME OF HUSBAND OR WIFE Edmond Timley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Edmond Timley ADDRESS 1524 Euclid

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, Cerebral Intestinal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Hemorrhage & Rib Fracture
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c) Automobile Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. auto + pedestrian — E812.4 .5

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Autopsy at Gen Hosp — 123
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 18 & Vine Sts
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) K. C. Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/30/51 11:20 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? auto + pedestrian accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Thos. A. Jones (Degree or title) Thos. A. Jones M.D. Coroner
23b. ADDRESS 1612 E 12
23c. DATE SIGNED 9/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/8/51
24c. NAME OF CEMETERY OR CREMATORY Highland
24d. LOCATION (City, town, or county) Kansas City (State) Mo.

DATE REC'D BY LOCAL REG. 9-7-51
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. H. B. Moore ADDRESS 1820 E. 18th St.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Lawrence A. Jones

Licensed Embalmer No. 442

P. O. Address 1820 East 18th

R. C. Ohio

Signed.....
Student Embalmer

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.