

STANDARD CERTIFICATE OF DEATH

State File No. 30069

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 2489 Registrar's No. 77

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

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY HARRISON	
b. CITY (If outside corporate limits, write RURAL and give township) MELBOURNE		c. CITY (If outside corporate limits, write RURAL and give township) MELBOURNE 0410	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) Henry c. (Last) Timmons			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 3, 1909	9. AGE (In years last birthday) 42	10. UNDER 1 YEAR 5	11. UNDER 15 HRS. 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY Employment maker		11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME PURL TIMMONS		13b. MOTHER'S MAIDEN NAME LUCY KOWES		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-07104		17. INFORMANT'S SIGNATURE OR NAME Purk Timmons		ADDRESS Millerton Mo.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 27, 1951**, to **Aug 28, 1951**, that I last saw the deceased alive on **Aug 27, 1951**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Clair D. Dugger MD	(Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Aug 30, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-30-51	24c. NAME OF CEMETERY OR CREMATORY Whitell Cemetery	24d. LOCATION (City, town, or county) (State) Harrison County MO
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DATE REC'D BY LOCAL REG. Sept 18-51	REGISTRAR'S SIGNATURE Zola Burris 116	25. FUNERAL DIRECTOR'S SIGNATURE William Timmons	ADDRESS 14th Ave, Trenton City Mo.
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OCT 3 1951

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 _____

Ray E. Williams

working under my personal supervision.

Student Embalmer No. 422

Signed *Ray E. Williams*
Student Embalmer

Signed *Raymond A. Davis*
Licensed Embalmer No. 3424

P. O. Address Leventon, 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.