

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30914**

**FILED OCT 10 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u> <u>0721</u>	
c. LENGTH OF STAY (In this place) <u>40 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>400 EAST 7th St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>TIMERSON</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 14 - 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MARCH 16 - 1889</u>
9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u>5</u>	11. YEARS <u>28</u>	12. IF UNDER 24 HRS. Hours   Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>V.N.K. INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. R. THOMAS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELLIN GEORGE</u>	14. NAME OF HUSBAND OR WIFE <u>E. S. TIMERSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized arteriosclerosis &amp; hypertension</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>Portageville New Madrid Mo.</u>	
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? _____	
22. I hereby certify that I attended the deceased from _____, 19 <u>49</u> , to Sept _____, 19 <u>51</u> , that I last saw the deceased alive on <u>12 Sept 1951</u> , and that death occurred at <u>6a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. H. Richards Jr. M.D.</u>		23b. ADDRESS <u>Portageville Mo</u>	23c. DATE SIGNED <u>10-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-17-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 5, 1951</u>	REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertaking Co. New Madrid Mo.</u> ADDRESS _____	

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

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

*Tommy L. Roberts*

working under my personal supervision.

Student Embalmer No..... *434*.....

Signed.....  
Student Embalmer

*Tommy L. Roberts*

Signed.....

*Leo H. Hedges*

Licensed Embalmer No..... *3803*.....

P. O. Address.....  
*New Madrid, 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.