

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45220

FILED MAR 3 - 1953

State File No. 590
REGISTRAR'S No. 2001

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give town) Joplin		c. LENGTH OF STAY (in this place) 1 wk	c. CITY (If outside corporate limits, write RURAL and give township) Noel Mo		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs. Crumes Nursing Home			d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) Nora		a. (First) E	b. (Middle) Timberlake	c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) 7-5-52		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb. 3, 1970		9. AGE (In years last birthday) 82		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Huntsville, Ark		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Harem Brown		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE William Timberlake		15. HAD DECEASED EVER IN U.S. ARMED FORCES? (Yes, date unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Charles Timberlake		ADDRESS		331 X		
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) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis 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 2 days
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)		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 4/10, 1952, to 7/5, 1952, that I last saw the deceased alive on 7/5, 1952, and that death occurred at 10 A. M., from the causes and on the date stated above.				
23a. SIGNATURE J. O. Fountain		23b. ADDRESS P.O. Noel Mo		23c. DATE SIGNED 7/6/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-7-52		24c. NAME OF CEMETERY OR CREMATORY NOEL		
24d. LOCATION (City, town, or county) (State) NOEL-MO		24e. DATE REC'D BY LOCAL REG. 2-21-53		24f. REGISTRAR'S SIGNATURE J. O. Fountain		
24g. FUNERAL DIRECTOR'S SIGNATURE M. M. Humphrey		ADDRESS		24h. SIGNATURE Penelope S. ...		

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

RECEIVED 3-2-53
Jasper County Health Office

County File Number 53/3/207

Date Filed 3-2-53

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. M. Humphrey Jr.
Licensed Embalmer No. 4708

P. O. Address Noel, 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.