

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10130

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1467

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>49yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3630 East 58th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#####</u> <u>3630 East 58th Street</u> | | e. STREET ADDRESS (If rural, give location) <u>3630 East 58th Street</u> | |

3798
 3790

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Louis</u> c. (Last) <u>Timken</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 12 1882</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Star.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Paola, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Louis Timken</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret, Block</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna M. Timken</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>486-05-4174</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna M Timken</u> ADDRESS <u>3630 East 58th Street</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>out day</u> <u>5 years</u> <u>4201</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension</u> | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 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) (Min.) | 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 22, 1948 to March 10, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 9:45P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Kenneth A. Davis M.D.</u> (Type or Print) (Typed or title) | 23b. ADDRESS <u>201 Plaza Theater Bldg</u> <u>Kansas City, Mo.</u> | 23c. DATE SIGNED <u>3-11-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-13-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3-12-53</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.W. Newcomer</u> ADDRESS <u>133 N. BRUSH CREEK</u> <u>Independence City Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ernest Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.