

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30876

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4114

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 60 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) ST JOSEPH HOSPITAL		STREET ADDRESS (If rural, give location) 604 4033 OLIVE STREET 367 0	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) JOHN	c. (Last) TIMMS	4. DATE OF DEATH (Month) (Day) (Year) AUG 24 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT 16 1898	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 4 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY PRESIDENT SAIRT	11. BIRTHPLACE (City and State or Foreign Country) LEAVENWORTH, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William TIMMS	13b. MOTHER'S MAIDEN NAME JENNIE DREW	14. NAME OF HUSBAND OR WIFE AMY TIMMS
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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) No	16. SOCIAL SECURITY NO. 487-07-9462	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER E. TIMMS, 2745 MONROE, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH? 1998
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive metastatic carcinoma of mouth, jaw & neck	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Primary site undetermined. DUE TO (c) Terminal exhaustion.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal exhaustion.		

19a. DATE OF OPERATION May 1954	19b. MAJOR FINDINGS OF OPERATION Had Radical neck and mouth dissection operation by former doctor, St Marys Hosp Kc Mo proving diagnosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from Aug 19, 1954, to Aug 24, 1954, that I last saw the deceased alive on Aug 24, 1954, and that death occurred at 5:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE J. Harvey Jennett (Degree or title) M.D.	23b. ADDRESS 424 Professional Kansas City 6 Mo	23c. DATE SIGNED 8-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 27 1954	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 8-27-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DW. Newcomer Inc. 1331 Branch Court Kansas City Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. Harvey Jennett MD

2-8-17

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.....  
Signature of Student Embalmer

Signed *Clare V. Carr*.....

Licensed Embalmer No. 492

P. O. Address K. C. 10. 44

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.