FILED FEB 5 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3446

Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Forsyth~~ Ozark Beach — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeview Rest Home — Length of stay in 1b 1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Taney
c. CITY OR TOWN Forsyth — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS Forsyth (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ALICE Middle JANE Last TIMMONS

4. DATE OF DEATH Month Jan. Day 30 Year 1957

5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 7, 1875
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 11 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY housekeeping
11. BIRTHPLACE (City and state or country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Cox
14. MOTHER'S MAIDEN NAME Sarah Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Ted Reger Address Kansas City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Accident (Apoplexy)
DUE TO (c) Arterial Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1956, to 1-30-57 and last saw her/him alive on 1-30-57
Death occurred at 5:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary King, D.O. (Degree or title)
22b. ADDRESS Forsyth, Mo.
22c. DATE SIGNED 1-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-2-1957
23c. NAME OF CEMETERY OR CREMATORY Busby Cemetery
23d. LOCATION (City, town, or county) (State) Gault Mo

24. FUNERAL DIRECTOR Forsyth Funeral Home ADDRESS Forsyth Mo
25. DATE RECD. BY LOCAL REG. 2-2-57
26. REGISTRAR'S SIGNATURE Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.