

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23553

STATE FILE NUMBER

Burial Cert. No. 647

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 287

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Boone					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Boone County Hosp.		Length of stay in 1b 1 Hr.		d. STREET ADDRESS 409 Banks		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Robert Eugene Timberman				4. DATE OF DEATH Month Day Year 8-6-1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-6-1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		
10a.	100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Boone County Hosp.	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME James Wesley Timberman	14. MOTHER'S MAIDEN NAME Dorothy Ann Miller	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		
17. INFORMANT U. W. Timberman	Address Columbia, Mo.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure of newborn 1 hour in DUPLICATE (b) Large patent ductus arteriosus DUPLICATE (c) definite contributory cause. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 7541	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Aug 6 to Aug 6 and last saw him alive on Aug 6 Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.							22a. SIGNATURE James W. Palmer	22b. ADDRESS Columbia, Mo.	22c. DATE SIGNED Aug 7, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-7-1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) Columbia, Missouri	(State)	24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				
25. DATE RECD. BY LOCAL REG. Aug 9 1957	26. REGISTRAR'S SIGNATURE Mrs R E Palmer								

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1957 OCT 8 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ¹⁰ ~~was~~ _{per}

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Spindle*
.....
Licensed Embalmer No. *401*
P. O. Address *Columbia*

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