

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0277653  
STATE FILE NUMBER

FILED SEP 6 1957

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 521

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Ash Hill Twp.</b>		c. CITY OR TOWN <b>R. E. Fisk</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>8M1 S.E. of Fisk</b>		d. STREET ADDRESS (If outside, give location) <b>8M1 S.E. of Fisk</b>	

3. NAME OF DECEASED (Type or print) <b>James Washington Timberman</b>			4. DATE OF DEATH <b>8-15-57</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>11-16-1872</b>		9. AGE (In years last birthday) <b>84</b>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>UNKNOWN</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT <b>Charlie Timberman, Columbia, Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic cardiac hypertrophy</b>		<b>6 months</b>
	DUE TO (c) <b>Hypertension</b>		<b>2 1/2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	

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 <b>Hour Month, Day, Year</b>			
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 <b>May 10, 1954</b> to <b>Aug. 15, 1957</b> and last saw her/him alive on <b>June 5, 1957</b> Death occurred at <b>4:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. L. Brandon, M. D.</b>		22b. ADDRESS <b>112 4 N. Main Poplar Bluff, Mo.</b>	
		22c. DATE SIGNED <b>8-19-57</b>	

23a. BURIAL, CREMATION, or other disposition <b>Burial</b>		23b. DATE <b>8-17-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Havan Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Butler, Co. Mo.</b>	
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24. FUNERAL DIRECTOR <b>J. C. White</b> ADDRESS <b>Fisk, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8/31/57</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	
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(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

MEDICAL CERTIFICATION

RECEIVED

SEP 3 - 1957  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 *Raymond L. Duffin*

Licensed Embalmer No. *4*

P. O. Address *Bermuda*

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.