

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024402
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 99

5. 300
1-57

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP #3		d. STREET ADDRESS (If outside, give location) 608 PART	
3. NAME OF DECEASED (Type or print) First AARON Middle - Last TIMBLEY		4. DATE OF DEATH Month JUNE Day 18 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 20. 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERY A. LABORER		10b. KIND OF BUSINESS OR INDUSTRY WARD WARE STORR	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME HENRY TIMBLEY		13b. MOTHER'S MAIDEN NAME NANCY ANN ENYART	
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. 499-22-4098	17. INFORMANT HOSP. RECORDS STATE HOSP #3 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) CORONARY VESSELS DISEASE			INTERVAL BETWEEN ONSET AND DEATH MANY YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			MANY YEARS
DUE TO (c) - - - - -			
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"/>
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.) 4201	
20c. TIME OF INJURY Hour - Month, Day, Year - - - - - a.m. - p.m. -			
20d. INJURY OCCURRED WHILE AT <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 MAY 22. 1946 to JUNE 18. 1958 and last saw ^{her} him alive on JUNE 18. 1958 Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS STATE HOSP. NEVADA MO	
		22c. DATE SIGNED 6-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-21-58	
23c. NAME OF CEMETERY OR CREMATORY Anna Edna Ben R.S.C. Jewish Cem. In		23d. LOCATION (City, town, or county) (State) - - - - -	
24. FUNERAL DIRECTOR <i>[Signature]</i>		25. DATE RECD. BY LOCAL REG. 7-5-1958	
ADDRESS <i>[Address]</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8561 6 700
JUL 9 1958

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
Wm. D. Long

Licensed Embalmer No. *3714*

P. O. Address *Jessie St...*

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.