

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044979

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 227 Primary Registration District No. 5-804 Registrar's No. 1

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JACKSON TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>MONROE CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PARIS MISSOURI</b>		Length of stay in lb <b>8 Months</b>	d. STREET ADDRESS (If outside, give location) <b>EAST LAWN</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MARGARET</b> Middle <b>CATHERINE</b> Last <b>TIMMONS</b>			4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>25th</b> Year <b>1958</b>		
5. SEX <b>FEMALE</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>DECEMBER 6th 1869</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>19</b> Days <b>19</b> Hours <b>19</b> Min. <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>ISAC ROBINSON</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN G TIMMONS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, NO (unknown)) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>John &amp; Timmons over</b> Address <b>Riverside Cal.</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>Chronic Myo-carditis</b> DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <b>2 1/2</b> <b>7. 1/2</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 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 <b>Oct 2 - 58</b> , to <b>Dec 25 - 58</b> and last saw her/him alive on <b>Dec 25 - 58</b> Death occurred at <b>11:40 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Wm. H. Keppeler M.D.</b>			22b. ADDRESS <b>Timmons</b>		22c. DATE SIGNED <b>12-25-58</b>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>BURIAL</b>		23b. DATE <b>DEC 30th 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BETHLEHEM CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>RALLS COUNTY MISSOURI.</b>
24. FUNERAL DIRECTOR <b>Wilson &amp; Sons</b>		ADDRESS <b>MONROE CITY, MO</b>		25. DATE RECD. BY LOCAL REG. <b>12-31-58</b>	26. REGISTRAR'S SIGNATURE <b>F. A. Barnett M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Lester L. Wilson.....

Licensed Embalmer No. 3014.....  
P. O. Address Memphis, Tenn.....

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.