Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000421
STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Poplar Bluff 0124 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1700 Wilson St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Roy	Middle: Bradford	Last: Timmons	4. DATE OF DEATH Month Day Year: Jan. 26, 1959
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Apr. 1, 1903	9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 9 Days 25 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician	10b. KIND OF BUSINESS OR INDUSTRY: Electrical	11. BIRTHPLACE (City and state or country): Wayne Co., Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME: Joe Timmons	13b. MOTHER'S MAIDEN NAME: Sophia Bennett	14. NAME OF HUSBAND OR WIFE: Emma Timmons		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Mrs. Emma Timmons, Poplar Bluff, Mo		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 3 years (known)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 June 1953, to Jan 26, 1959 and last saw her/him alive on Jan 19, 1959

Death occurred at 11:05 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Engelhardt MD	22b. ADDRESS: Poplar Bluff, Mo.	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/28/59	23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri		
24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Chapel, Poplar Bluff Mo.	25. DATE RECD. BY LOCAL REG.: 1/31/59	26. REGISTRAR'S SIGNATURE: [signature]

(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 causally related.

FILE NO.

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 Edgar W. Taylor

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

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.