Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003768
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY: ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): CLAYTON — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: MAPLEWOOD 4554 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): COUNTY HOSP. — Length of stay in 1b: D.O.A	d. STREET ADDRESS (If outside, give location): 7942 LORINE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JUNE Middle MARY Last TIMMONS

4. DATE OF DEATH: Month 2 Day 3 Year 59

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-6-21

9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COIL WINDER

10b. KIND OF BUSINESS OR INDUSTRY: McQUAY NORRIS

11. BIRTHPLACE (City and state or country): LONEDALE Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: MARK FUNSTON

13b. MOTHER'S MAIDEN NAME: RUTH HURSTON

14. NAME OF HUSBAND OR WIFE: LEONARD 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.: 494-28-7955

17. INFORMANT: LEONARD TIMMONS Address: 7942 LORINE

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Aspiration of gastric contents into lungs with subsequent asphyxiation

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

DUE TO (b):

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9702

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

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Asphyxiation, which was caused by aspiration of gastric contents, which in turn was probably brought about by the intentional ingestion of barbiturates by the deceased

20c. TIME OF INJURY: Hour 12:50 p.m. XXX Month, Day, Year 2/3/59 approx.

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

20f. CITY, TOWN, OR LOCATION: Maplewood COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond Kaus 3 Coroner

22b. ADDRESS: Clayton, Mo.

22c. DATE SIGNED: 2/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 2-6-59

23c. NAME OF CEMETERY OR CREMATORY: LAUREL HILL CEM.

23d. LOCATION (City, town, or county): ST. LOUIS Co (State): Mo

24. FUNERAL DIRECTOR: JAY. B SMITH ADDRESS: Maplewood 17 Mo.

25. DATE RECD. BY LOCAL REG.: 2-4-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Student .....
Signature of Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address .....

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.