

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032626

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4553 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 13 days		c. CITY OR TOWN Spring Hill		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A.Hospital,			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Raymond Middle D. Last Timmons				4. DATE OF DEATH Month 9th Day 17th Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-29-92	9. AGE (last birthday) 67 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ordinance worker			10b. KIND OF BUSINESS OR INDUSTRY Ordinance		11. BIRTHPLACE (City and state or country) Brockton, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John W. Timmons			13b. MOTHER'S MAIDEN NAME Mollie D. King			14. NAME OF HUSBAND OR WIFE Fern P. Timmons		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 6-27-18 to 6-16-19			16. SOCIAL SECURITY NO.		17. INFORMANT Address V.A. Hospital Records, K.C., 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) Aspiration pneumonia, massive DUE TO (b) Shock DUE TO (c) Acute pyelitis, left kidney with obstruction of uretero pel- vic junction by calculus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
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. // attended the deceased from September 4, 1959 to September 17, 1959 and last saw him alive on September 17, 1959 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) ALBERT L. DHASSON, Albert L. Dhasson MD				22b. ADDRESS VA Hospital, Kansas City, Mo		22c. DATE SIGNED 9-18-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-20-1959	23c. NAME OF CEMETERY OR CREMATORY Spring Hill		23d. LOCATION (City, town, or county) (State) Spring Hill, Kansas				
24. FUNERAL DIRECTOR ADDRESS Bruce Funeral Home-Spring Hill, Kans.				25. DATE RECD. BY LOCAL REG. 9-18-59		26. REGISTRAR'S SIGNATURE Norm Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray Bruce

Licensed Embalmer No: 1989

P. O. Address St. Louis

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.