

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-067654

FILED VS FEB 24 1960

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.	Length of stay in 1b 5 wks.	c. CITY OR TOWN Crocker, Missouri	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Alfred.	Middle Eugene	Last Timmons.	4. DATE OF DEATH	Month February	Day 6,	Year 1960
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5. SEX Male	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/21/1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) State of Kansas.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Unknown.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE Precilla Jane Timmons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes. World war 1.	16. SOCIAL SECURITY NO. 455-12-6460	17. INFORMANT Son) Alfred E. Timmons Crocker, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carinoma, Liver, Terminal.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Insufficiency	
	DUE TO (c) Asthma, chronic Emphysema.	
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

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 _____
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **8:25 PM** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. H. Hedges, M.D.</i> (Degree or title)	22b. ADDRESS Richland, Missouri	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/9/60	23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemet.	23d. LOCATION (City, town, or county) (State) Crocker, Mo
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24. FUNERAL DIRECTOR <i>W. H. Hedges</i> Hedges Funeral Home	ADDRESS Crocker, Mo	25. DATE RECD. BY LOCAL REG. 2-9-60	26. REGISTRAR'S SIGNATURE <i>Paula Grace Anderson</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 78

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-
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.