MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030175
STATE FILE NUMBER

AMENDED

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 22

FILED SEP 6 1961

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewis Twsp(Howardville) | Length of stay in Ib
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Howardville | Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Howardville | Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Freddie Middle: Lee Last: Timberlake
4. DATE OF DEATH Month, Day, Year: August 26 1961
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-10-1902
9. AGE (last birthday): 59 | IF UNDER 1 YEAR Months: 3 Days: 16 | IF UNDER 24 HR Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Clarksdale, Mississippi
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Sam Askrew
13b. MOTHER'S MAIDEN NAME: Ella ????
14. NAME OF HUSBAND OR WIFE: Will Timberlake
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.: None
17. INFORMANT: Willie Mae Micheal- | Address: 5140 Michigan Chicago, Ill.

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) Coronary Thrombosis | INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 8-26-61, to 8-26-61 and last saw her/him alive on 8-26-61
Death occurred at 10: A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James A. Cameron D.O.
22b. ADDRESS Lilbourn, Mo
22c. DATE SIGNED 8-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 3 1961
23c. NAME OF CEMETERY OR CREMATORY: Sand Hill
23d. LOCATION (City, town, or county) (State): New Madrid, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ponder Funeral Home-Lilbourn, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 30 1961
26. REGISTRAR'S SIGNATURE: Charles Simpson by H. L. Ponder

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
				DOCUMENT

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_____ Signed Harold H Ponder

Signature of Student Embalmer

Licensed Embalmer No. 30 30

P. O. Address Lilhouse, Mo

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.