

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043310
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 438

VS 300
Rev. 4/59

1 0269

2 0100

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED NOV 26 1963

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City Length of stay in lb 2 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E Still Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Boone

c. CITY OR TOWN Hartsburg Inside Limits Yes No

d. STREET ADDRESS (If outside give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First CLARA Middle Ann Last Timmerberg

4. DATE OF DEATH Month 11 Day 21 Year 63

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug. 16 1890 9. AGE (last birthday) 73

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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Americus Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Craig 13b. MOTHER'S MAIDEN NAME Ruth Hudelston 14. NAME OF HUSBAND OR WIFE Gus Timmerberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No 16. SOCIAL SECURITY NO. 559 17. INFORMANT Gus H Timmerberg Address Hartsburg 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) Metabolic Acidosis

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

DUE TO (c) Obstruction Common Bile Duct.

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 Month, Day, Year a.m. p.m.

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 Nov. 19, 1963 to Nov. 21, 1963 and last saw her alive on Nov. 20, 1963. Death occurred at 1:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James E. Steffan D.D. 22b. ADDRESS Oakland, Mo. 22c. DATE SIGNED 11-21-63

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial 23b. DATE Nov 23 1963 23c. NAME OF CEMETERY OR CREMATORY United Church Cemetery 23d. LOCATION (City, town, or county) (State) Hartsburg Mo

24. FUNERAL DIRECTOR Burnett Funeral Home ADDRESS Ashland Mo 25. DATE RECD. BY LOCAL REG. 21 November 1963 26. REGISTRAR'S SIGNATURE Therma Richter

01210-2111

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 W^m C. F. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland 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.