

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2050920 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

FILED JAN 17 1964	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>JACKSON</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>44 YRS.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u></p> <p>c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>700 E. 70TH TERRACE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>B.</u> Last <u>TIMBERLAKE</u></p> <p>4. DATE OF DEATH <u>DEC. 28 1963</u></p>	
<p>5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> 8. DATE OF BIRTH <u>2-6-1885</u> 9. AGE (last birthday) <u>78</u></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN (RETIRED)</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>REAL ESTATE</u> 11. BIRTHPLACE (City and state or country) <u>WALDREN, MO.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>JAMES TIMBERLAKE</u> 13b. MOTHER'S MAIDEN NAME <u>ISABELLE MORRIS</u> 14. NAME OF HUSBAND OR WIFE <u>BYRD L. TIMBERLAKE</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> 17. INFORMANT <u>700 E. 70TH TERRACE, MRS. BYRD L. TIMBERLAKE, K.C. MO.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease. Asthma</u></p> <p style="text-align: right;">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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p> <p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p> <p>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 _____</p>	
<p>21. I attended the deceased from <u>12-25-63</u> to <u>12-28-63</u> and last saw her him alive on <u>12-28-63</u></p> <p>Death occurred at <u>3:45</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u> 22b. ADDRESS <u>1222 McGee, Kansas City, Mo.</u> 22c. DATE SIGNED <u>12-30-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> 23b. DATE <u>DEC-31-1963</u> 23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u> 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u></p>	
<p>24. FUNERAL DIRECTOR <u>1331 BRUSH CREEK BLVD. D.W. NEWCOMERS SONS, K.C. MO.</u> 25. DATE RECD. BY LOCAL REG. <u>12-31-63</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF J. Cutcliff MEDICAL CERTIFICATION

080808

Dr. David J. Gorman, Director
Medical Center - 1222 Dr. Gorman Street
1:00 - 4:00 PM
0 - 02
R-1-0

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 *Edmund M. Dwyer*
Licensed Embalmer No. 3566

P. O. Address Hammond City, 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.