

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1948

Registration District No. 186

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5693

State File No. 5422

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Dawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10yrs (Specify whether years, months or days)
In this community 10yrs

3. (a) PRINT FULL NAME Ed Timbrook

3. (b) If veteran, name war -- 3. (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Grace Timbrook 6. (c) Age of husband or wife if alive 22 years (Month) (Day) (Year)
7. Birth date of deceased Sept 22 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Dawn (rural) Missouri (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER { 12. Name George Timbrook
13. Birthplace unknown Missouri (City, town, or county) (State or foreign country)
14. Maiden name Juliett Haynes (State or foreign country)
15. Birthplace unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lester Timbrook

(b) Address Dawn, Missouri

17. (a) Burial (b) Date thereof 2-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director Samuel Mead
(b) Address Braymer, Missouri

19. (a) 2-5-48 (b) Arthur Cunningham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Dawn (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1948 hour 10 minutes 53 M.
21. I hereby certify that I attended the deceased from Nov 17 to Feb 6 1948
that I last saw him alive on Feb 3 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration ?

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (c) Means of injury
23. Signature Joseph F. Hale (M. D. or other) MD
Address Phillipsburg, Mo. Date signed Feb 10-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

2801

P. O. Address.....

Braymer, 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 this body is not embalmed, fact should be so stated above.