

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017990

STATE FILE NUMBER

FILED MAY 29 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2259

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1000 W. 97th. st.		d. STREET ADDRESS (If outside, give location) 1000 W. 97 th. st.	
3. NAME OF DECEASED (Type or print) First Lewis Middle E. Last Timmons		4. DATE OF DEATH Month May Day 2 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 16, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Comptroller U.S. Gen. l. Service Admn.		11. BIRTHPLACE (City and state or country) Clyde Kansas	
13a. FATHER'S NAME W. S. Timmons		13b. MOTHER'S MAIDEN NAME Margaret Gillespie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I.		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Hazel Timmons		Address 1000 W. 97 th. st.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardia infarction - acute - sudden		INTERVAL BETWEEN ONSET AND DEATH 4201	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from May - 1950 to death - and last saw ^{him} alive on 5-2-59 Death occurred at 12:45 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS 1000 W. 97th. st. MEDICAL BLDG.	
22c. DATE SIGNED 5-4-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/5/59	
23c. NAME OF CEMETERY OR CREMATORY PRAIRIE VILLAGE, KANSAS Masonic Cemetery		23d. LOCATION (City, town, or county) (State) California Missouri	
24. FUNERAL DIRECTOR Stine & McClure		25. DATE RECD. BY LOCAL REG. 5-5-59	
ADDRESS K.C. Mo.		26. REGISTRAR'S SIGNATURE Reva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. M. Osgood

Doctor, coroner, etc. must use only standard form. All diseases in Part I must be causally related.

Don. 2-4100
will expire Feb 12.30 till 5.30

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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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *Thomas City, Va*

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.