

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED MAR 21 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 38

0443

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 3 1/2 Yrs		d. STREET ADDRESS (If rural, give location) 506 E. 5th. St., 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 E. 5th. St.,			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Pearlee c. (Last) TILLER			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 9, 1870			9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Springfield, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John W. Lewis			13b. MOTHER'S MAIDEN NAME Nancy E. Rhodes			14. NAME OF HUSBAND OR WIFE W. C. Tiller	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 0- - - - -		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elbert Baker		ADDRESS 1212 Keller Carthage, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocarditis Chronic				5 yrs	
ANTECEDENT CAUSES		interstitial Nephritis, Chronic				5 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerotic					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Senility				442X	
Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Apr 26, 1947, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950 and that death occurred at 2:10 P m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 3/2/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-2-50		24c. NAME OF CEMETERY OR CREMATORY Hackney Cemetery		24d. LOCATION (City, town, or county) (State) N. E. Of Carthage, Mo.	
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DATE REC'D BY LOCAL REG. 3-2-50		REGISTRAR'S SIGNATURE L. B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		ADDRESS Carthage, Mo.	
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Per. A. Ferguson R. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-6-50

Jasper County Health Office

County File Number 50-3-150

Date Filed 3-20-50

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.