

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16152**
Registrar's No. **16**

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5239	
1. PLACE OF DEATH a. COUNTY Cedar			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural LINN)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural LINN		120
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles W. of Stockton			d. STREET ADDRESS (If rural, give location) 3 Miles W. of Stockton		
3. NAME OF DECEASED (Type or Print) a. (First) Christian		b. (Middle)	c. (Last) Tilk	4. DATE OF DEATH (Month) (Day) (Year) May 29, 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1878	9. AGE (In years less birthday) 71	IF UNDER 1 YEAR 10 Months 19 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mt. Clemons, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Joe Tilk		13b. MOTHER'S MAIDEN NAME Minne Harder		14. NAME OF HUSBAND OR WIFE Grace Tilk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 days yes. 4/20/1
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)	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 5:10 , 19 50 , to 5:29 , 19 50 , that I last saw the deceased alive on 5:29 , 19 50 , and that death occurred at 9:45 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Wm B Richter MD (Degree or title)			23b. ADDRESS Stockton Mo		23c. DATE SIGNED 5-30-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Butler City	24d. LOCATION (City; town, or county) (State) Butler Mo.		
DATE REC'D BY LOCAL REG. 6-5-1950	REGISTRAR'S SIGNATURE Geneva Garrison		FUNERAL DIRECTOR'S SIGNATURE John C. Canton	ADDRESS Stockton, MO.	

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

RECEIVED 6-12-50
District Health Officer No. 71
District File Number 5-50-645
Date Filed 6-12-50

661 51 NIII

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 *John A. Cantlon*
Licensed Embalmer No. 4387

P. O. Address *Stockton, Md.*

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.