

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16493**

BIRTH NO. 20739-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 495

0396

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
c. LENGTH OF STAY (In this place) <b>51 days</b>		d. STREET ADDRESS (If rural, give location) <b>1012 S. Douglas Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Bapt. Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DELORES</b>		b. (Middle) <b>ANN</b>	
		c. (Last) <b>TILLMAN</b>	
4. DATE OF DEATH <b>27 May 1950</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>6 April 1950</b>		9. AGE (In years last birthday) <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>I. Wilbur Tillman</b>		13b. MOTHER'S MAIDEN NAME <b>Vada Brumback</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wilbur Tillman, Springfield, Mo.</b>	
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) <b>Unknown natural cause</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>UNATTENDED BY A PHYSICIAN</b>	
INTERVAL BETWEEN ONSET AND DEATH		<b>7955</b>	
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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____:____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>W.E. Handley MD</b>		23b. ADDRESS <b>City Hall Springfield Mo</b>	
23c. DATE SIGNED <b>6/1-50</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>28 May 1950</b>	
24c. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank C. Thomas, Springfield, Mo.</b>	
25. ADDRESS <b>Springfield, Mo.</b>		DATE REC'D BY LOCAL REG. <b>6-1-50</b>	
REGISTRAR'S SIGNATURE <b>W.E. Handley MD</b>		25. ADDRESS <b>Springfield, Mo.</b>	

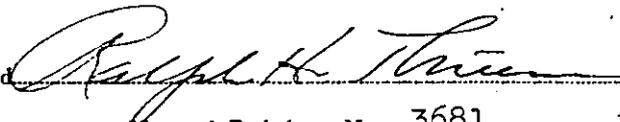
**STATEMENT BY LICENSED EMBALMER**

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.

Signed \_\_\_\_\_



Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

**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.