

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39787

State File No. ....

FILED DEC 27 1950

BIRTH NO. _____		REG. DIST. NO. <u>20</u>	PRIMARY REG. DIST. NO. <u>5080</u>	Registrar's No. <u>31</u>
1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural Deer Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Deer Creek</u>		
c. LENGTH OF STAY (In this place) <u>24 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mile So. of Archie</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 - 1950</u>		
3. NAME OF DECEASED (First) (Middle) (Last) <u>Sherman Tillison</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar 13 - 1964</u>
9. AGE (In years) (last birth) <u>86</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>retired farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Manchester, Ind. U.S.A.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZENSHIP <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Tillison</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Walters</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>C.A. Malmon Archie, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>(Autopsy)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Bates Co. Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>Sept 4, 1950</u> , to <u>Dec 10, 1950</u> , that I last saw the deceased alive on <u>Oct 13, 1950</u> , and that death occurred at <u>5:30 pm</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Wm. A. Hutch J. MD.</u>		23b. ADDRESS <u>Butter, Mo.</u>		23c. DATE SIGNED <u>12/14/50</u>
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Burial</u>		24b. DATE <u>Dec 12 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Archie, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Myra Owens</u>		
DATE REC'D BY LOCAL REG. <u>Dec 19 - 1950</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u>		26. COUNTY HEALTH COMMISSIONER'S SIGNATURE <u>Archie, Mo.</u>

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

RECEIVED 12/21/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-21-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Floyd Ottinson*

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

Licensed Embalmer No. 3920

P. O. Address *Harrisonville*

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.