

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29939

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald Lyon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald Mo Rural Lyon Twp</u>	
c. LENGTH OF STAY (In this place) <u>79 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Is</u> c. (Last) <u>Tilmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>July 6 1872</u>
9. AGE (In years) (Months) (Days) <u>79 11 7</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11b. BIRTHPLACE (State or foreign country) <u>Gerald Lyon Twp, Mo, U.S.A</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Mary Brannen</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Schueler</u>	
14. NAME OF HUSBAND OR WIFE <u>F. Tilmann</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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cora Vogt</u>		ADDRESS <u>Gerald Twp</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral thrombosis</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day ago</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) <u>Hypertensive Cardia-Renal</u> <u>vascular Disease</u>	
DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June 9, 1948</u> , to <u>8-13, 1951</u> , that I last saw the deceased alive on <u>8-13, 1951</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas A. Schum M.D.</u>		23b. ADDRESS <u>Gerald Mo</u>	
23c. DATE SIGNED <u>8-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-16-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald Franklin Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-15-51</u>		REGISTRAR'S SIGNATURE <u>95</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Op Merz</u>		ADDRESS <u>Gerald Twp</u>	

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

0360

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 12 1951

RECEIVED

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.....
Student Embalmer

Signed

R. P. Freeman

Licensed Embalmer No. 1623

P. O. Address Gene

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.