

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8322

1315

FILED MAR 29 1952
BIRTH NO.

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Benton					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 MONTH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 19150 Ft. Scott		d. STREET ADDRESS 2109 College 1612 E. Pine			
3. NAME OF DECEASED (Type or Print) TILLMAN			a. (First) TILLMAN		b. (Middle) G.		c. (Last) CULP		
4. DATE OF DEATH MARCH 21 1952		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH JUNE 21, 1871		9. AGE (in years last birthday) 80		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER		10b. KIND OF BUSINESS OR INDUSTRY Ret Farmer			
11. BIRTHPLACE (State or foreign country) KANSAS		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY J. CULP		13b. MOTHER'S MAIDEN NAME SABRINA (UNKNOWN)			
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR CULP 2109 College			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Maligancy of Bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Imp. Cardit DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo several yrs 181	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 March 31 st , 1952, to March 21, 1952, that I last saw the deceased alive on March 20, 1952, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE S. D. Ramey (Degree or title) S.D. Ramey, D.O.				23b. ADDRESS 900 Benton Ave Benton MO		23c. DATE SIGNED 3-21-52			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE MARCH 21, 1952		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) FORT SCOTT KANSAS			
DATE REC'D BY LOCAL REG. 3-21-52		REGISTRAR'S SIGNATURE Geraldine Holm		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harold J. Stapleton KONAUTE MORTUARY FT SCOTT, KANSAS					

(Licensed Embalmer's Statement on Reverse Side)

FT SCOTT, KANSAS

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

3008

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.

Signed Harold Jack Stapleton.....
Student Embalmer

Signed _____
Student Embalmer No. 449.....

Licensed Embalmer No. 2081

P. O. Address FT. SCOTT, KANSAS

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.