

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27616

SEP 9 - 1952

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>		c. LENGTH OF STAY (in this place) <b>36 hrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial Hosp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Arbyrd</b>	
		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Virginia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Tillman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-19-52</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>6-30-1947</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>19</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Arbyrd, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Howard Tillman</b>	13b. MOTHER'S MAIDEN NAME <b>Lillie Buck</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Howard Tillman</b>	ADDRESS <b>Arbyrd, Missouri</b>
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>2 falls over 8-8-52 + 8-11-52</b> DUE TO (b) <b>E9020</b> <b>21</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-11-52 8 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>alcohol hitting forehead hitting head in a shower</b>
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22. I hereby certify that I attended the deceased from **8-16**, 19 **52**, to **8-19**, 19 **52**, that I last saw the deceased alive on **8-18-52**, 19 , and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. English MD</b> (Degree or title)	23b. ADDRESS <b>Cardwell, MO</b>	23c. DATE SIGNED <b>8-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lulu</b>	24d. LOCATION (City, town, or county) (State) <b>Senath, Mo., Route</b>
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DATE REC'D BY LOCAL REG. <b>8-29-52</b>	REGISTRAR'S SIGNATURE <b>Carl Husp...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hubert B. Baird</b>	ADDRESS <b>Cardwell, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

352  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 9-2-53 .....  
COUNTY FILE NUMBER 952-233

**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 Hubert B. Baird .....

Licensed Embalmer No. 4888 .....

P. O. Address Cardwell, 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.