No. 300
10.48

FILED SEP 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28505

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 169

493
0

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper 0496
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Horace
b. (Middle): Greeley
c. (Last): Tiller

4. DATE OF DEATH (Month) (Day) (Year): Aug 28 '52

5. SEX: m 0
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): m 1
8. DATE OF BIRTH: March 10, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and State or Foreign Country): Missouri, Greene Co. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas H. Tiller
13b. MOTHER'S MAIDEN NAME: Carolyn Tiller
14. NAME OF HUSBAND OR WIFE: Nancy Mae Marsh

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.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. J. C. Baird, Carthage, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

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.: terminal hypostatic pneumonia 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Aug, 19 52 *to* 28 AUG '52, *that I last saw the deceased alive on* 28 AUG 1952, *and that death occurred at* 11:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Byrd M D. 0
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 29AUG '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Aug. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fasken
24d. LOCATION (City, town, or county) (State): Jasper County, Mo.

DATE REC'D BY LOCAL REG.: 9-5-52
REGISTRAR'S SIGNATURE: L B Clinton, M D 139
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Martin Selvey — Shapp and Selvey, Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-11-52
Jasper County Health Office

County File Number 52/9/716

Date Filed 9-11-52

DW
Bryant

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 Lawson L. Sharp, Student Embalmer No. 345, working under my personal supervision.

Student Lawson L. Sharp
Student Embalmer

Signed George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address Lackwood, M

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.