

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34283

State File No. ....

S. No. 300

V. 10.48

FILED OCT 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1104

01174

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>8 years</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rosendale</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saxton Nursing Home 2421 Francis St.</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Alice</b>	
c. (Last) <b>Tilson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 15, 1952</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>May 26, 1864</b>
9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>	
11. BIRTHPLACE (State or foreign country) <b>Andrew County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>W. H. Tilson</b>		13b. MOTHER'S MAIDEN NAME <b>Emeline Dobbs</b>	
14. NAME OF HUSBAND OR WIFE -----		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. -----		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. George Markley, 2205 Monterey Dr. Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Chronic Hypertension</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <b>443X</b>	
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)		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 <b>Oct 1, 1952</b> , to <b>Oct 15, 1952</b> , that I last saw the deceased alive on <b>Oct 15, 1952</b> , and that death occurred at <b>11:55a m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Clair H. Biggins MD</b>		23b. ADDRESS <b>1307 Farrow St St. Joseph, Mo.</b>	
23c. DATE SIGNED <b>10-16-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>10/17/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Savannah, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hester - Bowman Funeral Home</b>	
25. ADDRESS <b>St. Joseph, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Oct 23, 1952</b>	
REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>		REG. NO. <b>446</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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 *W. E. Edman, Jr.* .....

Licensed Embalmer No. *4791* .....

P. O. Address *319 So 10 St Joseph mo* .....

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.