

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8763**

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4043** Registrar's No. **12**

090  
1

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

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARBLE HILL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARBLE HILL 0090</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NO STREET ADDRESS</b>		d. STREET ADDRESS (If rural, give location) <b>NO STREET ADDRESS</b>	
3. NAME OF DECEASED a. (First) <b>CORWIN</b> b. (Middle) <b>VERDY</b> c. (Last) <b>TILMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-5-1953</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-29-1887</b>
9. AGE (In years last birthday) <b>65</b>	# UNDER 1 YEAR Months <b>7</b>	# UNDER 1 YEAR Days <b>16</b>	# UNDER 1 YEAR Hours <b>1</b> Min. <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MINISTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>STODDARD Co. MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>MARTIN M. TILMAN</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET TRENTHAM</b>	14. NAME OF HUSBAND OR WIFE <b>VIRGINIA TILMAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-22-5743</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VIRGINIA TILMAN</b> ADDRESS <b>MARBLE HILL, MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerotic cardiovascular disease</b>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Asthmatic crisis</b>			
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) <b>1/201</b>	
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>Dec 15, 1952</b> , to <b>March 5, 1953</b> , that I last saw the deceased alive on <b>March 5, 1953</b> , and that death occurred at <b>1:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Eunette S. Price D.O.</b> (Degree or title)		23b. ADDRESS <b>Lutesville, Mo.</b>	23c. DATE SIGNED <b>3-8-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-8-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BAKER CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>LUTESVILLE MO.</b>
DATE REC'D BY LOCAL REG. <b>3-11-53</b>	REGISTRAR'S SIGNATURE <b>William H. Combs</b>	FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME, LUTESVILLE, MO.</b> ADDRESS _____	

MAK 1 8 1959

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.