

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9576

State File No.

BIRTH NO. FILED APR 6 1953 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5485 Registrar's No. 40

5410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Appress</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Appress 0410</u>	
c. LENGTH OF STAY (in this place) <u>50 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>6 mile S Bethany 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> <u>Bertha</u>	b. (Middle) <u>Alfretta</u>	c. (Last) <u>Tilley</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>28</u> (Year) <u>53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>5-22-1871</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Days <u>10</u>	11. UNDER 1 HOUR Min. <u>6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James T. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sackman</u>	14. NAME OF HUSBAND OR WIFE <u>Oliver P. Tilley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Doris Tilley</u>	ADDRESS <u>Bethany Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Failure Insufficiency</u> DUE TO (c) <u>Chronic Aortic Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture hgt Humerus</u>		3 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>'</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bethany Harrison, Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 6 1953 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Fell in home</u>
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22. I hereby certify that I attended the deceased from March 20, 1953, to March 20, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 10 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gullert H. Thoen 250</u>	23b. ADDRESS <u>Bethany Mo.</u>	23c. DATE SIGNED <u>3-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burns</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>
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DATE/REC'D BY LOCAL REG. <u>3/31/53</u>	REGISTRAR'S SIGNATURE <u>Zola Burns</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McHass</u>	ADDRESS <u>Bethany Mo.</u>
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APR 20 1955

APR 19 1954

JUL 14 1955

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

M. S. Head

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.