

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12422

FILED APR 10 1953

State File No. ....  
Registrar's No. .... 3305

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Tennessee</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson</b> <b>8410</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1421 Campbell</b> <b>8</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Virgil</b>	c. (Last) <b>Tillmann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 27 53.</b>
-------------------------------------	------------------------	---------------------------	---------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 6/18/02</b>	8. DATE OF BIRTH <b>Oct. 18. 1878</b>	9. AGE (In years last birthday) (Month) (Day) (Min.) <b>74 5 10</b>
-----------------------	----------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Conductor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>G.M.O.R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>Chester County Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>Manley Tillman</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Newson</b>	14. NAME OF HUSBAND OR WIFE <b>Lessie Patterson</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John V. Tillman</b>	ADDRESS <b>Jackson Tenn.</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		INTERVAL BETWEEN ONSET AND DEATH <b>Two minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cerebrovascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, cerebral</b> DUE TO (c)		
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? 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>33'X</b>
--	--	---

22. I hereby certify that I attended the deceased from **March 25, 1953**, to **March 27, 1953**, that I last saw the deceased alive on **March 27, 1953**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lee R. Newson M.P.</b>	(Degree or title)	23b. ADDRESS <b>607 No. Grand</b>	23c. DATE SIGNED <b>3-27-53</b>
---	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/27/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson Tenn.</b>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>MAR 27 1953</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary</b>	ADDRESS <b>6633 Clayton Road</b>
--	--	---	-------------------------------------

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

---

---

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ernest W. Gillars*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

**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.