

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17787

State File No.

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Gundy</u> <u>0402</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> <u>0402</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>25 years.</u>		d. STREET ADDRESS (If rural, give location) <u>1615 N. MAIN.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) <u>William</u> c. (Last) <u>TILLMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR 23 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 6 1876</u>	9. AGE (In years last birthday) <u>76</u> If under 1 year: Months <u>6</u> Days <u>17</u> If under 24 hrs. Hours <u>17</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VETERINARIAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>VETERINARY</u>	11. BIRTHPLACE (State or foreign country) <u>Rockford Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>John Tillman</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>	14. NAME OF HUSBAND OR WIFE <u>Lida Tillman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lida Tillman</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular-Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 6 weeks</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 1st to April 23rd, 1953, that I last saw the deceased alive on April 23rd, 1953, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles F. Duffy M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton, Mo.</u>	23c. DATE SIGNED <u>April 24th 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>APR 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>1007 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-26-53</u>	REGISTRAR'S SIGNATURE <u>James J. 119</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lois - Blackmore</u>	ADDRESS <u>Trenton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Oliver

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 Harold L. Roberts.....

Licensed Embalmer No. 4920.....

P. O. Address Hunter, 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.