

No. 300
10.48

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16786

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland Twp.		c. LENGTH OF STAY (in this place) 19 yrs.	c. CITY OR TOWN Sycamore
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 077th			

3. NAME OF DECEASED (Type or Print) a. (First) Lettie	b. (Middle) Lois	c. (Last) Tilman	4. DATE OF DEATH (Month) (Day) (Year) June 4 1954
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 7-27-1924
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	11. BIRTHPLACE (City and State or Foreign Country) Dora, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Keith Erstus Tilman	13b. MOTHER'S MAIDEN NAME Mary Francis Easter	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME H. E. Tilman
		ADDRESS Sycamore

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		1 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular heart disease 1 yr DUE TO (c) Rheumatic Fever		
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)	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 **4/30**, 1954, to **June 4**, 1954 that I last saw the deceased alive on **June 1**, 1954, and that death occurred at **12:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. J. Hoerneman (Degree or title) MD	23b. ADDRESS Chambersville, Mo.	23c. DATE SIGNED 6-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6 1954	24c. NAME OF CEMETERY OR CREMATORY Clear Springs
		24d. LOCATION (City, town, or county) (State) Ozark County MO.
DATE REC'D BY LOCAL REG. 6-12-54	REGISTRAR'S SIGNATURE Thava Mahan	25. FEDERAL DIRECTOR'S SIGNATURE Clark King ADDRESS Chambersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John R. Gray*.....

Licensed Embalmer No. *488*

P. O. Address *Cambridge*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.