

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34188

State File No. \_\_\_\_\_

Registrar's No. 4529

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Jasper</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>4 weeks</b>		X STREET ADDRESS (If rural, give location) <b>D 4901</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>		b. (Middle) <b>A.</b>		c. (Last) <b>TILLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 15, 1891</b>	
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>WILLIAM Tilley</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown ELIZABETH BEAGER</b>		14. NAME OF HUSBAND OR WIFE <b>Erma C. Tilley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Erma C. Tilley, Jasper, Missouri</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, asthenia, 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)		<b>Sent with bilateral ureteral obstruction from morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>					
ANTECEDENT CAUSES		<b>psyclo-nephritis, severe</b>				<b>6000</b>	
II. OTHER SIGNIFICANT CONDITIONS		<b>Terminal pulmonary edema</b>				<b>12 hrs</b>	

19a. DATE OF OPERATION <b>9-11-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Left + rt ureteral obstruction</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 9-28, 1954, to 9-24, 1954, that I last saw the deceased alive on 9-24, 1954, and that death occurred at 1:15 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Houghton F. White M.D.</b>			23b. ADDRESS <b>710 Prof. Bldg K.C., Mo</b>			23c. DATE SIGNED <b>9-25-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-24-54</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Jasper, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>9-25-54</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO. K.C. MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. S. F. White  
Prof. King  
No 7171

9  
L. H. Baker  
L. S. King

Expo

Until 5:30 p.m.

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.....  
*J. T. Crowell*

Licensed Embalmer No. 490  
P. O. Address *H. E. M.*

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.