

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21253

State File No.

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **783**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Buchanan	b. CITY OR TOWN St. Joseph	a. STATE Missouri	b. COUNTY Buchanan
c. LENGTH OF STAY (In this place) 60 yrs		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city and incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2909 Olive Street		e. STREET ADDRESS 2909 Olive Street	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Alfred	c. (Last) Tilson	4. DATE OF DEATH (Month) (Day) (Year) July 28, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married-	8. DATE OF BIRTH January 10, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired. Miller	10b. KIND OF BUSINESS OR INDUSTRY Larabee Mfg. Co.	11. BIRTHPLACE (City and State or Foreign Country) Nodaway County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William H. Tilson	13b. MOTHER'S MAIDEN NAME Emmaline Dobbs	14. NAME OF HUSBAND OR WIFE Rose M. Tilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose M. Tilson	ADDRESS St. Joseph, Mo.
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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, asthma, 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) Multiple Cerebral Hemorrhages		2 wks.
	ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis DUE TO (c) 331X		Ukn.
II. OTHER SIGNIFICANT CONDITIONS Senile debility & mentality 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"/>
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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) m.	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 5-18, 19 55, **and that I last saw the deceased alive on** 7-27, 19 55, **and that death occurred at** 8:20A m., **from the causes and on the date stated above.**

23a. SIGNATURE <i>A. F. Mundy</i>	(Degree or title) MD	23b. ADDRESS 2801 Sacramento St. Joseph, Mo.	23c. DATE SIGNED 7/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Near Barnard, Missouri.
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DATE REC'D BY LOCAL REG. Aug. 4, 1955	REGISTRAR'S SIGNATURE <i>Esther M. Allison</i>	485-9	25. FUNERAL DIRECTOR'S SIGNATURE <i>Maerchopper-Hillman</i>	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Raymond B. Marsh*.....

Licensed Embalmer No. 4413. M

P. O. Address ... St. Joseph.

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.