FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3576

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6191 Registrar's No. 15

1060
4

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark Beach ~~Forsyth~~ Tasso
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Kissee Mills 1060
d. STREET ADDRESS (If rural, give location): Kissee Mills - Swan Tp.

3. NAME OF DECEASED (Type or Print)
a. (First): KATHLEEN
b. (Middle):
c. (Last): TILLEY

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ever married
8. DATE OF BIRTH: Sept. 29, 1953
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 3, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Forsyth, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EMMETT TILLEY
13b. MOTHER'S MAIDEN NAME: ETHEL BOOTH
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: EMMETT TILLEY Kissee Mills, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Coryza
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 491X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1956, *to* 1-17, 1956, *that I last saw the deceased alive on* 1-17, 1956, *and that death occurred at* 10:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mary King, D.O.
23b. ADDRESS: Forsyth, Mo.
23c. DATE SIGNED: 1-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/20/1956
24c. NAME OF CEMETERY OR CREMATORY: ozark memorial cemetery
24d. LOCATION (City, town, or county) (State): Branson, Mo.

DATE REC'D BY LOCAL REG.: 1/31/56
REGISTRAR'S SIGNATURE: Helen Campbell 514
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Forsyth Funeral Home Forsyth

(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 .....
Student Embalmer

Signed Walter L. Bell

Licensed Embalmer No. 4731

P. O. Address Forsyth, Ga.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.