

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21099**

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Bedford Twp.)		c. LENGTH OF STAY (In this place) 1 Day		c. CITY Rural OR TOWN Hickory Grove Twp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.				e. STREET ADDRESS (If rural, give location) Farm Residence 10901			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) None c. (Last) Tillinger			4. DATE OF DEATH (Month) (Day) (Year) may 25, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 27, 1873		9. AGE (In years last birthday) 82	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Czecho-Slovakia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Katherine (Unk.) Tillinger			
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 _____ ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Jugular Vein Compressed by Hanging 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 24 hrs.	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wright City Warren Missouri.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Unknown		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? by Hanging Self			
22. I hereby certify that I attended the deceased from 5/23 , 19 56 , to 5/25 , 19 56 , that I last saw the deceased alive on 5/23 , 19 56 , and that death occurred at 1:00P m., from the causes and on the date stated above.							
23a. SIGNATURE Doins P. Heltz			(Degree or title) M.D.		23b. ADDRESS Troy, Missouri		23c. DATE SIGNED 5/30/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/26/56	24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City, Missouri.		
DATE REC'D BY LOCAL REG. 5/31/56		REGISTRAR'S SIGNATURE Emmun B. Riddle			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg Firn.&Undt.Co.Wright City, Mo.		

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

JUN 25 1956

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..... *Julius J. Nieburg*

Licensed Embalmer No. 3366

P. O. Address Wright..City

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.