

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23476

State File No.

FILED AUG 13 1956
BIRTH NO. 45386-56 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>						
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Bethany</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Nell Hospital</u>				e. STREET ADDRESS (If appl. give location) <u>69 Highway</u> <u>04110</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marla</u> b. (Middle) <u>Lee</u> c. (Last) <u>Tilley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-56</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-1-56</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S</u>			
13a. FATHER'S NAME <u>Harry Gene Tilley</u>			13b. MOTHER'S MAIDEN NAME <u>Thelma Allen</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Gene Tilley</u>			ADDRESS <u>Bethany Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY (5 1/2 mo)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>TWIN PREGNANCY (A)</u>				DUE TO (c)				S/2 MO.		
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) 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 <u>8-1-56</u> , 19 <u>56</u> , to <u>8-1-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-1</u> , 19 <u>56</u> , and that death occurred at <u>7:45 p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Albert Dibble M.D.</u>				23b. ADDRESS <u>Bethany, Mo.</u>			23c. DATE SIGNED <u>8-4-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morrison</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>					
DATE REC'D BY LOCAL REG. <u>8-6-56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Isaac</u> ADDRESS <u>Bethany Mo</u>					

(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 *J. M. H. H. H.*

Licensed Embalmer No. ... *38*

P. O. Address *Bethany*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.