

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26148**
 Registrar's No. **950**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5130		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Rush Township		c. LENGTH OF STAY (In this place) life		c. CITY OR TOWN St. Joseph		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 4 Mi. East of Atchison, Ks., on Hwy 59				e. STREET ADDRESS (If rural, give location) 701 So. 20th St.,			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EDWARD c. (Last) TILLMAN			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 26, 1956				
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH July 15, 1937	
9. AGE (In years last birthday) 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Marvin Tillman		13b. MOTHER'S MAIDEN NAME Ruby Jones	
13a. FATHER'S NAME Marvin Tillman		13b. MOTHER'S MAIDEN NAME Ruby Jones		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-38-3989		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby V. Hunter, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries received in an auto collision ANTECEDENT CAUSES DUE TO (b) ##### DUE TO (c) ##### 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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21c. (CITY, TOWN, OR TOWNSHIP) Rush Twsp (COUNTY) Buchanan (STATE) Missouri			
21d. TIME OF INJURY Aug 26, 1956 12:10 A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? two automobiles collided			
22. I hereby certify that I viewed the deceased from Aug 26, 1956 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G.W. Tadlock M.D. Acting Coroner				23b. ADDRESS 2727 Jules St., St. Joseph, Mo.		23c. DATE SIGNED 9-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 29, 1956		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Sept 4, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander ADDRESS St. Joseph, Mo.			

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

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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.....
Wm. H. Alexander

Licensed Embalmer No. *4450*

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.