

FILED AUG 22 1956

STATE FILE NUMBER

Registration District No. 290Primary Registration District No. 5985Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville, <u>0850</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		Length of stay in lb 3 days	d. STREET ADDRESS General Delivery		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) BOBBY ALLEN TILDEN			4. DATE OF DEATH August 14, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11 August 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>3</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>3</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Waynesville, Missouri	
13. FATHER'S NAME Albert Jerome Tilden			14. MOTHER'S MAIDEN NAME Patsy Margie Hitchcock		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----		17. INFORMANT Robert T. Burbeck ROBERT T. BURBECK, CWO USA	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Prematurity-Disease of the mother DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>12:47</u> Month, Day, Year a. m. p. m.			7635		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 11, 1956 , to August 14, 1956 and last saw him alive on Aug. 14, 1956 Death occurred at 12:47 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James B. White JAMES B. WHITE, Capt., MC		22b. ADDRESS US Army Hospital Ft. Leonard Wood, Missouri		22c. DATE SIGNED 11 Aug 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-16-56		23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial	
		23d. LOCATION (City, town, or county) Crocker Missouri		(State)	
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc		ADDRESS Crocker Mo		25. DATE RECD. BY LOCAL REG. 8-15-56	
		26. REGISTRAR'S SIGNATURE Constance Anderson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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RECEIVED 8-18-56
Putaski County Health Officer
File Number 108
Date Filed 8-15-56

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.....
Clarence J. Moore

Licensed Embalmer No. 489

P. O. Address *Waynesville*

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.