

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 56451

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 869

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mississippi b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Memphis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosptl				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) I339 Gleason St.	
3. NAME OF DECEASED (Type or print) First PROMISE Middle TILLMAN Last TILLMAN				4. DATE OF DEATH Month 9 Day 22 Year 56			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 11 1898	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 9 Days 22 Hours 56 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Oiler		10b. KIND OF BUSINESS OR INDUSTRY Frisco R R	
11. BIRTHPLACE (City and state or country) Mississippi				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Isaac Tillman				14. MOTHER'S MAIDEN NAME (unknown)			
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 Address Mrs. Cornelia Tillman Memphis Tenn'			
18. CAUSE OF DEATH - [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the rectum with metastases DUE TO (b) Also: Bowel obstruction DUE TO (c) 3 weeks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 154X						INTERVAL BETWEEN ONSET AND DEATH 1 year	
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 11:30 a. m. 11:30 p. m.		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 about 11:55 to 9/22/56 and last saw her/him alive on 9/21/56 Death occurred at 5:30 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Horace Arch Rouse, Jr. (Degree or title):				22b. ADDRESS 430 South St		22c. DATE SIGNED 9/23/56 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9 25 56		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Memphis Tenn'	
24. FUNERAL DIRECTOR ADDRESS H. V. Smith, 602 N. Jefferson				25. DATE RECD. BY LOCAL REG. 9-24-56		26. REGISTRAR'S SIGNATURE Edith Williamson	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare and Public Service

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300 1-56

ALL symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 1 1982

MAY 8 1982

OCT 2 1982

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 *Herbert V Smith*

Licensed Embalmer No. *42*

P. O. Address *Spring*

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.