

FILED JUL 22 1957

STANDARD CERTIFICATE OF DEATH

25745

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 4434 Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. COUNTY Ralls.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Center, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DAVID L. TILLER.				4. DATE OF DEATH Month July Day 12 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 14, 1872	
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Macon Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer,				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Macon Co. Missouri	
13. FATHER'S NAME George Tiller.				14. MOTHER'S MAIDEN NAME Mary Halley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Homer Tiller. Center, Missouri.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis Chronic DUE TO (c) 4222 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None Known						INTERVAL BETWEEN ONSET AND DEATH 3 days 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 Month, Day, Year a. m. 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 July 6 '56 and last saw him alive on July 12 '57 Death occurred at 11:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. H. Brooks D.O.		22b. ADDRESS Center, Missouri.		22c. DATE SIGNED 7-14-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-14-57		23c. NAME OF CEMETERY OR CREMATORY Ariel Cemetery.		23d. LOCATION (City, town, or county) (State) Ralls County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clyde E. Wisney Perry, Mo.		25. DATE RECD. BY LOCAL REG. 7-14-57		26. REGISTRAR'S SIGNATURE Clyde E. Wisney			

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.....

Licensed Embalmer No.

P. O. Address.....

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.