

Health,
& Welfare
Public
Service
S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026524
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LOUISIANA 6821 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY Hospital		Length of stay in 1b 60 yrs	d. STREET ADDRESS (If outside, give location) 607 VIRGINIA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BARTLETT NOAH TILLOTSON			4. DATE OF DEATH Month Day Year July 28 1958				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 13 1892		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSEMAN		10b. KIND OF BUSINESS OR OCCUPATION NURSERY		11. BIRTHPLACE (City and state or country) LOUISIANA MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NOAH TILLOTSON			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE METPIE K. TILLOTSON	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch and date of service) YES WWI	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address METTIE TILLOTSON LOUISIANA MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Occlusion		INTERVAL BETWEEN ONSET AND DEATH 8 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardiovascular Disease	
	DUE TO (c) 4201 H	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Abdominal Operation 1956 Ca of Colon		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 -----
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21. I attended the deceased from **1952** to **7/28/58** and last saw ^{her}him alive on **7/28/58**
Death occurred at **9:55 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Christa L. Lavelle M.D.	22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 7-29-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 30-1958	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW	23d. LOCATION (City, town, or county) (State) LOUISIANA MO
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24. FUNERAL DIRECTOR Geo. M. Collier	ADDRESS LOUISIANA MO	DATE RECD. BY LOCAL REG. July 30-1958	24b. REGISTRAR'S SIGNATURE Bruce Collier
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

AUG 27 1958

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 *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.