

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039020

STATE FILE NUMBER 1261

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. [Signature]

DEC 1 1958

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, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0110 c
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Length of stay in lb 51 Yrs	d. STREET ADDRESS RFD #3 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last THOMAS TILL			4. DATE OF DEATH Month Day Year November, 23, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August, 3, 1883	9. AGE (In years next birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
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) Austria Hungary	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jake Till		13b. MOTHER'S MAIDEN NAME Johanna Young		14. NAME OF HUSBAND OR WIFE Phillipene	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-42-3865		17. INFORMANT Address Henry T. Till St. Joseph, 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) Broncho-Pneumonia approx 3 days			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Burns to back 1st and 2nd degree 7 days		7 days
	DUE TO (c) Pulmonary edema + laryngeal edema from smoke asphyxia 9/60 7 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) / b Hypertensive Arteriosclerotic cardiovascular disease, 1/6			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) fire started in bedroom while patient was asleep. Possibly from a cigarette		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. Nov. 16, 1958			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Joseph (rural) Buchanan County Mo.
21. I attended the deceased from 6-6-49, to 11-23-58 and last saw him alive on 11-22-58 Death occurred at 3:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Wm B. Roach M.D.	22b. ADDRESS 0 316 North St Joseph Mo	22c. DATE SIGNED 11-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 26, 58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
23d. LOCATION (City, town, or country) St. Joseph Missouri		

24. FUNERAL DIRECTOR N.D. Siedenfaden & Son 11/24	ADDRESS St Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 25, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

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All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

Dr. Wm B. Roach

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 *Robert H. Yapple*

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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.