

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040238
STATE FILE NUMBER
5385

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5385

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wynn Rest Home		Length of stay in lb 34 yrs.	d. STREET ADDRESS (If outside, give location) 2215 Flora
3. NAME OF DECEASED (Type or print) First Middle Last Henry HENRY J. Tillman			4. DATE OF DEATH Month Day Year II 12 58
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 12-25-92
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Apt.	9. AGE (In years) 65 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and state or country) Bedford Co. Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Tillman		13b. MOTHER'S MAIDEN NAME Ann Lillard	14. NAME OF HUSBAND OR WIFE Hattie M. Tillman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or No man) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Address Hattie M. Tillman 311 W. 13 K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			443+
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 8:5 April, 1958 to 11/12/58 and last saw him alive on 11/11/58 Death occurred at 8 am on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) L. S. Daigle, M.D.		22b. ADDRESS 2122 Truman Rd	22c. DATE SIGNED 11/13/58
23a. BURIAL, CREMATION, or other (Specify) Burial	23b. DATE Nov. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR Lawrence A Jones		ADDRESS 2304 Vine	25. DATE RECD. BY LOCAL REG. 11-13-58
			26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L. S. Daigle

All diseases in Part I must be causally related.

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

James A. Jones

Licensed Embalmer No. 4429
P. O. Address 2305th

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.