

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039069**

FILED VS. NOV. 26 1959 042

Primary Registration District No. 1000 Registrar's No. 1125

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 1 year		d. STREET ADDRESS 101 S. 20th		e. STATE Missouri b. COUNTY Buchanan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Meth. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 101 S. 20th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MELVIN DENNIS TILLMAN				4. DATE OF DEATH November 8, 1959			
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 8-8-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. District Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY pipe mfc.		11. BIRTHPLACE (City and state or country) Birmingham, Alabama		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Frank Tillman		13b. MOTHER'S MAIDEN NAME Margrete Wilson		14. NAME OF HUSBAND OR WIFE Frances Tillman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 318-10-6563		17. INFORMANT Address Mrs. Frances Tillman-St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Unattended Death--Natural Causes							
DUE TO (b) Investigated by City Health Dept.							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year							
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 _____, to _____ and last saw her/him alive on _____ Death occurred at 9:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R.W. Kieber, M.D. City Health Dept. St. Joseph, Mo.				22b. ADDRESS St. Joseph, Mo.		22c. DATE SIGNED 11/10/59	
23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE 11-8-1959	23c. NAME OF CEMETERY OR CREMATORY Birmingham		23d. LOCATION (City, town, or county) Birmingham, Alabama (State)		
24. FUNERAL DIRECTOR BREIT & HAWKINS FUNERAL HOME ADDRESS Savannah, Mo.			25. DATE RECD. BY LOCAL REG. Nov. 17, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Gantell		

DOCUMENT

BY AFFIDAVIT OF R.W. Kieber, M.D., CERTIFICATION

DEC 10 19

**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 B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.