DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-007617
STATE FILE NUMBER

MENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pike
c. CITY OR TOWN Louisiana
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.F.D. #2
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Hamor Middle: W. Last: Tillitt
4. DATE OF DEATH Month: Feb Day: 22 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/1/1877
9. AGE (last birthday): 82
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and state or country): Pike Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Walter W. Tillitt
13b. MOTHER'S MAIDEN NAME: Julia Pitzer
14. NAME OF HUSBAND OR WIFE: Mattie Tillitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mattie Tillitt Address: Louisiana Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr. pyelonephritis — yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Advanced atherosclerotic heart dis.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1953, to present and last saw him alive on 2/22/60
Death occurred at 5:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John A. Miller MD
22b. ADDRESS: Louisiana
22c. DATE SIGNED: 2/24/60
23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
23b. DATE: Feb 25, 1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Greenwood
23d. LOCATION (City, town, or county) (State): Clarksville, Mo.
24. FUNERAL DIRECTOR: J. O. Sterne ADDRESS: Louisiana Mo
25. DATE RECD. BY LOCAL REG.: FEB. 25, 1960
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed J. B. Stone

Signature of Student Embalmer

Licensed Embalmer No. 4039

P. O. Address Louisian

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.