

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024086

FILED VS JUL 6 1960 278

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 90

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		Length of stay in 1b 20 YRS	c. CITY OF TOWN LOUISIANA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 520 NEBRASKA ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 520 NEBRASKA ST

3. NAME OF DECEASED (Type or print) First Middle Last PEGGY JEAN TILTON			4. DATE OF DEATH Month Day Year JUNE 25 60			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT-2-1929	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE		10b. KIND OF BUSINESS OR INDUSTRY NURSING	11. BIRTHPLACE (City and state or country) LOUISIANA MO.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME JETTIE F TILTON		13b. MOTHER'S MAIDEN NAME LEONA GOLDIE BRACY		14. NAME OF HUSBAND OR WIFE MRS JETTY TILTON		

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. 488-24-8834	17. INFORMANT MRS JETTY TILTON	Address 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) Overdose of sleeping pills		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)		

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	20f. CITY, TOWN, OR LOCATION Louisiana Pike Mo.	COUNTY Pike	STATE Mo.
21. I attended the deceased from 8 A to - and last saw her June 25 Death occurred at 8 A on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) J. D. Mudd Coroner		22b. ADDRESS Bauley Texas Mo.	22c. DATE SIGNED June 25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 30-60	23c. NAME OF CEMETERY OR CREMATORY RIVER VIEW CEM.	23d. LOCATION (City, town, or county) (State) LOUISIANA MO

24. FUNERAL DIRECTOR GEO. M. COLLIER	ADDRESS LOUISIANA MO	25. DATE RECD. BY LOCAL REG. JUNE 28 1960	26. REGISTRAR'S SIGNATURE Bernice Collier
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1960

JAN 11 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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