

S. No. 2  
M-2-43  
5-17-39  
P1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41411

State File No.

Registrar's No.

Registration District No. 146

Primary Registration District No. 5568

363

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Atteston Rural Blue Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Atteston  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether  
In this community 75 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Claude M. Tiffin

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Neoscilla Tiffin 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 7 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Bainbridge Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Tellbey Tiffin

13. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Rhodes

15. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Neoscilla Tiffin

(b) Address Atteston Mo

17. (a) Burial (b) Date thereof 12-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valent Church Cem

18. (a) Signature of funeral director Geo. C. Carson Fun Home  
(b) Address Independence Mo

19. (a) 12-21-45 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Rural Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1945 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him Deputy Coroner \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Coronary Insufficiency  
Coronary Sclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 95°  
Of autopsy Inspection of history

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature A. E. Usher (M. D. or D. O.)  
Address 2800 Main Date 12/19/45

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1163

MAR 18 1945

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Dean Owens  
Licensed Embalmer No. 4280  
P. O. Address Indep, 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 this body is not embalmed, fact should be so stated above.**