

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1016

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5456 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Wilson		c. CITY (If outside corporate limits, write RURAL and give township) Rural Brookline, Mo. Rt. 1 Wilson	
c. LENGTH OF STAY (in this place) 5 Yrs.		d. STREET ADDRESS (If rural, give location) Home	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home			
3. NAME OF DECEASED (Type or Print) a. (First) Susie		b. (Middle) Tillman,	
c. (Last) Gilland		4. DATE OF DEATH (Month) (Day) (Year) 1 18 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 2-6-1870
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 11 Days 12	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME William R. Tillman		13b. MOTHER'S MAIDEN NAME Mary Ann Parker	
14. NAME OF HUSBAND OR WIFE George W. Gilland		e Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Keltner, Brookline, Mo.		ADDRESS Rt. 1	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) 			
II. OTHER SIGNIFICANT CONDITIONS 501		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) none			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 1-18 , 1949, to 1-18 , 1949, that I last saw the deceased alive on 1-18 , 1949, and that death occurred at 4:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. B. Mitchell D.O.		23b. ADDRESS Republic Mo.	
23c. DATE SIGNED 1-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-1949	
24c. NAME OF CEMETERY OR CREMATORY Patterson		24d. LOCATION (City, town, or county) (State) Battlefield Missouri	
DATE REC'D BY LOCAL REG. 1-21-1949		REGISTRAR'S SIGNATURE Flourne Brittain	
25. FUNERAL DIRECTOR'S SIGNATURE John Dean Lewis		ADDRESS Clever, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECORDED
Greene County Health Office,
County File Number 49-1-5
Date Filed 1-26-49

REC'D
FEB

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
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.