

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34499**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5819** Registrar's No. **45**

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| 1. PLACE OF DEATH a. COUNTY Morgan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Usage Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (In this place) 2 | | d. STREET ADDRESS (If rural, give location) 5238 Paseo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 8 M. S. E. Gravois Mills | | | |

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|-------------------------------------|--------------------------|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Joseph | b. (Middle) O. | c. (Last) Tillery | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1949 |
|-------------------------------------|--------------------------|-----------------------|--------------------------|---|

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|--------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 28, 1911 | 9. AGE (In years last birthday) 38 | IF UNDER 1 YEAR Months 0 Days 11 | IF UNDER 24 HRS. Hours 1 Min. 1 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer | 10b. KIND OF BUSINESS OR INDUSTRY Minnow Buckets | 11. BIRTHPLACE (State or foreign country) DALLAS, TEXAS | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Boss Tillery | 13b. MOTHER'S MAIDEN NAME Myrtle Franz | 14. NAME OF HUSBAND OR WIFE Lois Tillery |
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| 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. 493-12-0837 | 17. INFORMANT'S SIGNATURE OR NAME Lois Tillery ADDRESS Kansas City, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Throat Cut Laceration 11 Inches. | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> Inquest Pending | | |
| | DUE TO (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Usage Morgan Mo | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 91 (STATE) Mo |
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| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-9-49 m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **about 9:45**, 19**49**, to _____, 19____, that I last saw the deceased alive on _____, 19**49**, and that death occurred at **9:45** m., from the causes and on the date stated above.

| | | |
|---|------------------------------------|----------------------------------|
| 23a. SIGNATURE Dr. L. Medicine Morgan County Coroner (Degree or title) | 23b. ADDRESS Versailles Mo. | 23c. DATE SIGNED 11-10-49 |
|---|------------------------------------|----------------------------------|

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|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Nov. 11-49 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. Nov 10-1949 | REGISTRAR'S SIGNATURE J. L. Washburn | 25. FUNERAL DIRECTOR'S SIGNATURE W. T. Cahill ADDRESS Versailles, Mo. |
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Per Verla O. Kidwell (Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1949

RECEIVED

District Health Officer No. 7

District File Number 10-49-12

Date Filed 11-14-49

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.

Signed Raymond C. Lober
Licensed Embalmer No. 4626

Signed _____
Student Embalmer

P. O. Address Wassilla, 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.