

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21167

BIRTH NO.		REG. DIST. NO. 275	PRIMARY REG. DIST. NO. 3053	Registrar's No. 90
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries		
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) Belle		
c. LENGTH OF STAY (in this place) 4 Mo.		d. STREET ADDRESS (If rural, give location) None		
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				
3. NAME OF DECEASED (Type or Print)		a. (First) Winnie	b. (Middle) Dalton	c. (Last) Tiller
4. DATE OF DEATH		(Month) (Day) (Year) June 17, 1950		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 25, 1878	9. AGE (in years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Linn, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Tiller		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old age.		INTERVAL BETWEEN ONSET AND DEATH   4 2/27
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Feb. 18, 19 50 to June 17, 19 50 that I last saw the deceased alive on June 17, 19 50, and that death occurred at 2:35 pm, from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) William McFarland		23b. ADDRESS Rolla Mo		23c. DATE SIGNED 6/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-19-50	24c. NAME OF CEMETERY OR CREMATORY Linn Public	24d. LOCATION (City, town, or county) (State) Linn Mo
DATE REC'D BY LOCAL REG. 6-20-50		REGISTRAR'S SIGNATURE Nadine L. Stolle 380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Celeste Maston Linn, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

**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 Shannon M. Mor

Licensed Embalmer No. 4125

P. O. Address Lincoln, 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.