

No. 300  
10.48  
164  
FILED SEP 7 1950MIDDLEBURY, VERMONT  
STANDARD CERTIFICATE OF DEATH26253  
State File No. ....BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u> <u>10 11 11</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u> b. (Middle) <u>KMN</u> c. (Last) <u>Tilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 28 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Hartshorn Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>George Tilton</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Tilton</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-12-3412</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jim Tilton</u>	ADDRESS <u>Illmo Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac de compensation</u>			
ANTECEDENT CAUSES	DUE TO (b) <u>Toxemia</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Acute Appendicitis and Bowel Obstruction</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5501</u>

19a. DATE OF OPERATION <u>Aug 19, 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Acute Appendicitis with Acute Obstruction of ileum</u>	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Aug 19, 1950, to Aug 28, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Newell</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>105 S. Spanish Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>Aug 31, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep. 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Upper Ashton</u>	24d. LOCATION (City, town, or county) (State) <u>Ashton Ill.</u>
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DATE REC'D BY LOCAL REG. <u>8-31-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bispingha, Funeral Home</u>	ADDRESS <u>Illmo Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 25 1951

DEPT HEALTH OFFICE NO.

FILE NO.

SEP 22 1951

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 Ollive O Amick

Licensed Embalmer No. 4472 D

P. O. Address Ollivio, Wis

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.