

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32291

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>175</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Main St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Tillery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 '50</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 1--1887</u>			
9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>		10. IF UNDER 100 HRS. Hours <u>4</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house-wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Glasgow, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		
13a. FATHER'S NAME <u>Ottie Joseph</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Meier</u>			14. NAME OF HUSBAND OR WIFE <u>Cal Tillery,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cal Tillery, Slater--Mo.</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - (adenocarcinoma) Grade III - Left Breast - with metastases.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE OR 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) (Min.)		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 <u>3-9</u> , 19 <u>38</u> , to <u>9-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-10</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>V. A. McSorley M.D.</u>				23b. ADDRESS <u>Slater, Mo.</u>		23c. DATE SIGNED <u>9-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glasgow Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 11-1950</u>		REGISTRAR'S SIGNATURE <u>Edw. J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Brothers</u>		ADDRESS <u>Slater Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1977

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RECEIVED
DISTRICT HEALTH OFFICE No
District File Number
Date Filed 9-18-50

STATEMENT BY LICENSED EMBALMER

I certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Sam M Hill

Licensed embalmer number 1292

Address Slater Mo

APR 6 1951

APR 15 1951