

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38192

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6052 Registrar's No. 24

0930

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

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) Collins (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Collins (Rural)	
c. LENGTH OF STAY (In this place) 28 years		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1, Mile N- Collins		d. STREET ADDRESS (If rural, give location) Collins Twp;	

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) - c. (Last) Tillery			4. DATE OF DEATH (Month) (Day) (Year) 10-18-1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8/20/1879		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Parsons Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Marion Davis		13b. MOTHER'S MAIDEN NAME Jane Redinger		14. NAME OF HUSBAND OR WIFE John 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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Tillery Collins Missouri	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Renal Disease				INTERVAL BETWEEN ONSET AND DEATH 3-5 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				442X	

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.)		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 **Aug 17, 1950**, to **Aug 26, 1950**, that I last saw the deceased alive on **Aug 4, 1950**, and that death occurred at **1:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. [Signature]		23b. ADDRESS Medicine Bldg. Aug 17/20/50		23c. DATE SIGNED 10/20/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/21/50		24c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery		24d. LOCATION (City, town, or county) (State) Collins Mo.	
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DATE REC'D BY LOCAL REG. 10-21-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature]	
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RECEIVED 12/7/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/7/50

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Greenville, N.C.

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.