

No. 300
10. 48

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1762
State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 8

0582

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield Township</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mrs. Larney Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE MILDRED</u> b. (Middle) <u>TILLMAN</u> c. (Last) <u>TILLMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-18-1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept-18-1904</u>	9. AGE (in years last birthday) <u>46</u>	<u>7</u> Months <u>4</u> Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bucklin Mo</u>	
12a. FATHER'S NAME <u>James E. Bobbskill</u>		12b. MOTHER'S MAIDEN NAME <u>Ethel Rosey</u>		12c. NAME OF HUSBAND OR WIFE <u>Walter Tillman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Tillman</u> ADDRESS <u>Brookfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory arrest.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stychnium Poisoning.</u>				E971A
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Linn Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Dec. 1946, 19, to Jan 18, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 2:45 A m. from the causes and on the date stated above.

23a. SIGNATURE <u>Karwan Bobbskill</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>1-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Hill</u> ADDRESS <u>Funeral Home Brookfield</u>			

DATE REC'D BY LOCAL REG. <u>1-23-51</u>		REGISTRAR'S SIGNATURE <u>W.B.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Hill</u> ADDRESS <u>Funeral Home Brookfield</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WAR 14 1951

Date Received: 1-30-51
HEALTH OFFICE #2
File Number 2-51-302
Date Recd: FEB 6 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed: *J. M. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.