

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43766

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. LENGTH OF STAY (In this place) 50 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina	
		d. STREET ADDRESS (If rural, give location) 1720	

3. NAME OF DECEASED (Type or Print)	a. (First) Daniel	b. (Middle) Henry	c. (Last) Tillitt	4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-15-1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Grain and Feed Mill	10b. KIND OF BUSINESS OR INDUSTRY Feed Mill	11. BIRTHPLACE (State or foreign country) Near Paris, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Tillitt	13b. MOTHER'S MAIDEN NAME Jane Schaffer	14. NAME OF HUSBAND OR WIFE Annie Virginia Hanger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie V. Tillitt - Shelbina	ADDRESS Shelbina
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial heart failure		INTERVAL BETWEEN ONSET AND DEATH Week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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 4500	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) (Min.)	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 **Apr 10, 1957**, to **Dec 4, 1957**, that I last saw the deceased alive on **Dec 4, 1957**, and that death occurred at **6:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. St. Lawrence M.D.	23b. ADDRESS Shelbina Mo	23c. DATE SIGNED Dec 10, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-6-51	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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DATE REC'D BY LOCAL REG. 12-20-51	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes	ADDRESS Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

660121852

Date Received: DEC 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-57-2
Date Filed: DEC 26 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 _____

Paul E. Hayer

Signed _____
Student Embalmer

Licensed Embalmer No. *4461*

P. O. Address *Shelburne, 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.