

5. No. 300  
 10. 48  
 FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 13930

|   |                    |   |  |   |  |   |                                    |   |  |
|---|--------------------|---|--|---|--|---|------------------------------------|---|--|
| BIRTH NO. _____   |                    | REG. DIST. NO. 300  |  | PRIMARY REG. DIST. NO. 6099   |  | Registrar's No. 12                        |                                    |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Reynolds   |                    |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE mo |  |   |                                    | b. COUNTY Reynolds  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) Ruble  |                    | c. LENGTH OF STAY (In this place) 67 yrs  |  | c. CITY (If outside corporate limits, write RURAL and give township) Ellington                        |  | 1900                                      |                                    |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Owen Home   |                    |   |  | d. STREET ADDRESS (If rural, give location)   |  |   |                                    |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Henry  |                    |   | b. (Middle) Cecil                          |   |  | c. (Last) Tilley                          |                                    |   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)   |                    | 4-29-52   |  |   |  |   |                                    |   |  |
| 5. SEX m  | 6. COLOR OR RACE w | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  | 8. DATE OF BIRTH June 13, 1884             |   | 9. AGE (In years last birthday) 67                       | 10 UNDER 1 YEAR Months 10                 | 11 UNDER 1 HR. Hours 16            | Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  |                    |   | 10b. KIND OF BUSINESS OR INDUSTRY          |   | 11. BIRTHPLACE (State or foreign country) Reynolds Co mo |   | 12. CITIZEN OF WHAT COUNTRY? U S A |   |  |
| 13a. FATHER'S NAME Felix Tilley   |                    |   | 13b. MOTHER'S MAIDEN NAME Nancy Becker     |   |  | 14. NAME OF HUSBAND OR WIFE Elvina Tilley |                                    |   |  |
| 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. None  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elvina Tilley Ruble mo                                      |  |   |                                    |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute meningitis  |  |   |  |   |                                    | INTERVAL BETWEEN ONSET AND DEATH 4 weeks                              |  |
|   |                    | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |  |   |                                    |   |  |
|   |                    | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis          |  |   |  |   |                                    | Years   |  |
| 19a. DATE OF OPERATION  |                    | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  |   |                                    | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 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)   |                    | 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 4/1, 1952, to 4/29, 1952, that I last saw the deceased alive on 4/25, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.       |                    |   |  |   |  |   |                                    |   |  |
| 23a. SIGNATURE J. J. O'Dell M.D.  |                    |   |  | 23b. ADDRESS Ellington Mo.  |  |   | 23c. DATE SIGNED 4/6/52            |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                    | 24b. DATE May 2, 1952   | 24c. NAME OF CEMETERY OR CREMATORY Hampton |   | 24d. LOCATION (City, town, or county) Ruble (Rural)      |   | (State) mo                         |   |  |
| DATE REC'D BY LOCAL REG. 5/7/52   |                    | REGISTRAR'S SIGNATURE Essie Evans   |  | 25. FUNERAL DIRECTOR'S SIGNATURE 276 Chas S. Smith  |  | ADDRESS Ellington                         |                                    |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

#m  
900  
1

---

---

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.....

*Chas. J. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington, Tenn.

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.