

U.S. No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41256

State File No. \_\_\_\_\_

10033

NOV 25 1952

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

NOV 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>n 333</u>		PRIMARY REG. DIST. NO. <u>307</u>		Registrar's No. <u>213</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		1003	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Intersection Hi. 60 &amp; 61</u>				d. STREET ADDRESS (If rural, give location) <u>315 west Gladys</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Andrew</u>		c. (Last) <u>Tillman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, '52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 16, 1918</u>		9. AGE (In years less birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Red Water, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>James A. Tillman</u>			13b. MOTHER'S MAIDEN NAME <u>?</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Jo Tillman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Betty Jo Tillman</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decapitated in train + truck collision -</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8100</u> <u>27</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Coroner's Jury -</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Intersection Highway 60 &amp; 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sikeston - Scott Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 7 52:50 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>First Call, 10:00 a.m.</u> to <u>death</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Helena C. Beuthaupt - M.D. Health Officer</u>				23b. ADDRESS <u>Benton Mo</u>		23c. DATE SIGNED <u>11-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-13-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quilla Taylor</u>		ADDRESS <u>Sikeston Mo</u>	

RECEIVED NOV 17 1952  
SCOTT COUNTY HEALTH CENTER  
Co. FILE No. 1152-312

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.